. S. No. 2
M—1/47
. 5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4091

Registration District No. 43 | Primary Registration District No. 3007 | Registrar's No. 60

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: South "B" ST – Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Stella Margaret Eastwood
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Fem
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec. 13, 1947 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
—	2	1	hr. min.

9. Birthplace: Poplar Bluff, Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name: Raymond E. Eastwood
13. Birthplace: Poplar Bluff, Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mildred Clemons
15. Birthplace: Poplar Bluff, Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Raymond E. Eastwood
(b) Address: Poplar Bluff, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn – Poplar Bluff, Mo
18. (a) Signature of funeral director: Frank Cotrell
(b) Address: Poplar Bluff, Mo
19. (a) 2-18-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1948 hour 2:30 minute A. M.
21. I hereby certify that I attended the deceased from 14 Feb 48 to 14 Feb 1948, that I last saw alive on 14 Feb 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Dehydration	Duration
Due to:	
Due to:	
Other conditions: Bronchopneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: 107

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
(f) Signature: Carl A. Rat M.D. (M. D. or other)
Address: Poplar Bluff, Mo Date signed 16 Feb 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 248-263
Date Filed 2-25-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by John M. Davies, Registered Apprentice No. 487, working under my personal supervision.

Signed Garver W. Greer

Licensed Embalmer No. 2966

P. O. Address Poplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.