

FILED AUG 13 1948 43  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butte  
(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:  
205 N. Thomas st /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 50 years years, months or days)

3: (a) PRINT FULL NAME Rebecca Ellen Ridenour  
3: (b) If veteran, name war \_\_\_\_\_ 3: (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W  
6: (a) Single, widowed, married, divorced wid  
6: (b) Name of husband or wife \_\_\_\_\_ 6: (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased July 3, 1862  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 24 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace New Haven, Illinois /  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Wm. Mobley  
13. Birthplace \_\_\_\_\_ Illinois /  
(City, town, or county) (State or foreign country)  
14. Maiden name Synthia Hughes  
15. Birthplace \_\_\_\_\_ Illinois /  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Ridenour  
(b) Address Poplar Bluff, Mo  
17. (a) Burial (b) Date thereof Aug 1, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Puxico, Mo  
18. (a) Signature of funeral director Frank - Cotrell  
(b) Address \_\_\_\_\_

19. (a) 8/5/48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butte, 12  
(c) City or town Poplar Bluff 7  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. 205 N. Thomas (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1948 hour 7:45 minute P.M.  
21. I hereby certify that I attended the deceased from  
July 27, 1948 to July 27, 1948  
that I last saw her alive on 7-27, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

Due to Arterio sclerosis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 834 Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2  
23. Signature [Signature] M. D. \_\_\_\_\_  
Address Poplar Bluff, Mo Date signed 8-6-48

RECEIVED

District Health Office No. 2

District File Number 848-102

Date Filed 8-13-48

REC'D 8-13-48

**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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Howard Green*

Licensed Embalmer No. 2964

P. O. Address *Poplar Bluff*

**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.