

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

Registration District No. **42**

Primary Registration District No. **5143**

1. PLACE OF DEATH:  
(a) County **Butler**  
(b) City or town **Rural-Poplar Bluff Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **--- Poplar Bluff**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **--- 1** (Specify whether  
In this community **1 Mo. 10 days** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo** (b) County **Butler**  
(c) City or town **Rural Poplar Bluff Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **6 Mi. So. Poplar Bluff, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mildred Elaine Beard**  
3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **27th**  
year **1948** hour **2** minute **30** A.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White** 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 **Sept 17 1948**  
(Month) (Day) (Year)

Immediate cause of death **Asphyxiation**  
**Suffocation bed clothing**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>--</b>	<b>1</b>	<b>10</b>	hr. _____ min. _____

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
1822  
1816  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Poplar Bluff Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **---**  
11. Industry or business **---**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide specify **Accident 12**  
(b) Date of occurrence **Oct 27-1948**  
(c) Where did injury occur? **Butler Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**  
(Specify type of place)  
While at work **no** Means of injury **Suffocation**  
Signature **Chover wegreen**  
Address **Poplar Bluff MO** Date signed **1948-10-27**

MOTHER FATHER  
12. Name **Lloyd Beard**  
13. Birthplace **Portageville, Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Edith Tibbs**  
15. Birthplace **Butler Co., Mo.**  
(City, town, or county) (State or foreign country)  
16. (a) Informant **Mrs. Lloyd Beard**  
(b) Address **RED 5, Poplar Bluff, Mo.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 28, 1948**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Black Creek Cemetery**  
18. (a) Signature of funeral director **N.J. Phelps**  
(b) Address **Poplar Bluff, Mo.**  
19. (a) **11-1-48** (Date received local registrar) (b) **A. H. Hume** (Registrar's signature) **35**

RECEIVED

District Health Office No. 2

District File Number *148-1492*

Date Filed *11-4-48*

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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.....

*Marshall C Blackwell*....., Registered Apprentice No. *293*  
working under my personal supervision.

Signed *N. J. Phelps*.....

Licensed Embalmer No. *3231*

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.