

2-2  
5-43  
7-39  
X36671

FILED NOV 9 1948

Registration District No. **43**

Primary Registration District No. **5143**

Registrar's No. **373**

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff

(c) Name of hospital or institution: Butler County Farm  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write a street number or location)

(d) Length of stay: In hospital or institution 5  
(Specify whether)

In this community Poplar Bluff Twp.  
(years, months or days)

3. (a) PRINT FULL NAME Carrie H. Brown

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, unknown

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased About 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 83 hr. \_\_\_\_\_ min.

9. Birthplace Nebraska  
(City, town, or county) (State or foreign country)

10. Usual occupation unknown

11. Industry or business Inmate

12. Name Unknown

13. Birthplace "  
(City, town, or county) (State or foreign country)

14. Maiden name "

15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant County Farm Records

(b) Address Poplar Bluff

17. (a) Burial (b) Date thereof Nov. 1, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler County Farm

18. (a) Signature of general director Frank Cottrell

(b) Address Poplar Bluff, Mo.

19. (a) 11-5-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Rural Poplar Bluff  
(If outside city or town limits, write "RURAL")

(d) Street No. Butler County Farm  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30  
year 1948 hour 6:00 minute P. M.

21. I hereby certify that I attended the deceased from 20 Oct, 1948, to 30 Oct, 1948, that I last saw her alive on 25 Oct, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arteriosclerosis, senility  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 97

Duration \_\_\_\_\_

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 U

23. Signature [Signature] (M.D. or other)

Address Poplar Bluff, Mo. Date signed Nov 4, 1948

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

RECEIVED

District Health Office No. 2,

District File Number 1148-15-18

Date Filed 11-2-48

---

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.....

*Scott A. Coatsworth*

Licensed Embalmer No. 3567

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.