

BIRTH NO. REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH  
a. COUNTY Butler  
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION 905 North Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY Butler  
c. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff 0123  
d. STREET ADDRESS (If rural, give location) 905 North Main St.

3. NAME OF DECEASED  
a. (First) MARY ANN b. (Middle) (MOLLIE) c. (Last) CORRIGAN

4. DATE OF DEATH (Month) (Day) (Year)  
Nov. 14, 1950

5. SEX Female  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Single (1)

8. DATE OF BIRTH Feb. 2, 1870

9. AGE (In years last birthday) 80  
# UNDER 1 YEAR Months 9 Days 12  
# UNDER 6 Wks. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
At home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Ontario, Canada 2

12. CITIZEN OF WHAT COUNTRY?  
Unknown

13a. FATHER'S NAME John Corrigan

13b. MOTHER'S MAIDEN NAME Susanna Phelan

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No.

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Chas Corrigan Jr... Poplar Bluff, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocarditis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerosis  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

INTERVAL BETWEEN ONSET AND DEATH  
  
  
  
4221

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Nov, 1950, to 14 Nov, 1950, that I last saw the deceased alive on 13 Nov, 1950, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE Cyril A. Post (Degree or title)

23b. ADDRESS 905 North Main St. Poplar Bluff, Mo.

23c. DATE SIGNED 20 Nov 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/16/50

24c. NAME OF CEMETERY OR CREMATORY Catholic

24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG. Nov. 21, 1950

REGISTRAR'S SIGNATURE Wm. H. Johnson 428

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FRANK \*COTRELL... Poplar Bluff, Mo.

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

22  
1

RECEIVED

NOV 29 1950

BUTLER CO. HEALTH CENTER

FILE No. 1150-471

DEC 12 1962

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed George A. Keeby

Licensed Embalmer No. 4752

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.