

See also 33420

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33415
Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 84 773

(b) Township Farmington Primary Registration District No. 3007

(c) City Farmington (d) Street No. State Hooper Registered No. 226

(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles C. Register

(a) Residence, No. Poplar Bluff, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Chas. Register

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25, 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>53</u>	<u>10</u>	<u>14</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cafe owner

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff Mo

FATHER

13. NAME Geo. Register

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER

15. MAIDEN NAME Donna Dickey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

17. INFORMANT (ADDRESS) Hosp. Records Farmington, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff Mo 9/11/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Mortuary 412 W. Main St. Poplar Bluff, Mo.

20. FILED 9/11 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-9 1939, to 9-9 1939

I last saw him alive on 9-9-39, 19... Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

Syphilitic Meningo-encephalitis (General Paralysis of Insane)

Date of onset Ok.

Other contributory causes of importance: giz

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify Yes. R. Mulkey (Signed) Farmington, Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MEMPHIS
REGISTERED
EMBALMERS
ASSOCIATION

MEMPHIS
REGISTERED
EMBALMERS
ASSOCIATION

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,

Scott A. Colwell

....., or by

Registered Apprentice No., working under my personal supervision

Signed.....

Scott A. Colwell

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33415-
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles C. Register
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-10-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
53 10 10 14 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cafe owner

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9 1957

22. I HEREBY CERTIFY, That I attended deceased from 9-9 to 9-9, 1957.
I last saw him alive 9-9, 1957. Death is said to have occurred on the deceased above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Septic meningitis
pharyngitis
General paralysis of insane
Date of onset

Other contributory causes of importance: 8/3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff Mo

13. NAME Geo Register

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Donna Blakey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT (ADDRESS) Hosp Records Farmington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff DATE 9/11 1957

19. FUNERAL DIRECTOR (ADDRESS) Francis J. Robinson

20. FILED Nov 13 1957 F. J. Robinson Local Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Geo R. Malley, M. D.
(Address) Farmington Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED BY LAW. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. F. VISCERAL TUBERCULOSIS should be properly classified. Exact statement of OCCUPATION is required. CAUSE OF DEATH in plain terms, so that it may be properly classified.

