

10331

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 99

Primary Registration District No. 3007

Registrar's No. 69

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Butler
 (c) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. On houseboat near Ball Park
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

In this community _____
 years, months or days) 265
 3. (a) PRINT FULL NAME Frank Caughran
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 13
 year 1940 hour 11 minute a M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased About 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 13, 1940, to March 13, 1940,
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.

8. AGE: Years about 71 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Thrombosis cerebral Duration 4 hours
 Due to Cause undetermined
 Due to _____

9. Birthplace Unknown (City, town, or county) (State or foreign country)
 10. Usual occupation Carpenter

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name unknown
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name unknown (City, town, or county) (State or foreign country)
 15. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Alma Campbell Davis
 (b) Address Poplar Bluff, Mo.
 17. (a) Burial (b) Date thereof 3-14-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director Greer-Croy Service
 (b) Address Poplar Bluff, Mo.
 19. (a) 2/16/40 (b) Obitinger
 (Date received local registrar) (Registrar's signature)

23. Signature B. J. Macaulay (M. D. or other) _____
 Address Poplar Bluff, Mo. Date signed 3-15-40

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

Rev. 5-17-30 I 419311

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.....

not embalmed

Licensed Embalmer No.....

P. O. Address.....

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.