Brookerson FILED FEB 14 1941

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1930

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 10

12
7
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler 12
(c) City or town Poplar Bluff W 7
(If outside city or town limit, write "RURAL")
(d) Street No. 1022 Fairmont 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME William G. McPheeters
3. (b) If veteran, name war
3. (c) Social Security No. Retired
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna McPheeters
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased May (Month) 15 (Day) 1859 (Year)

8. AGE: Years 81 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Stoddard Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Clergyman
11. Industry or business Retired
FATHER
12. Name John B. McPheeters
13. Birthplace Hawkin Co. Tenn. / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susana V. Kelley
15. Birthplace Alexander Co. Ill. / (City, town, or county) (State or foreign country)
16. (a) Informant Lillian Mason
(b) Address Poplar Bluff Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Frank Hurtle
(b) Address Poplar Bluff Mo.
19. (a) 1/11/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day Jan. year 1941 hour 12 minute 35 A M.
21. I hereby certify that I attended the deceased from 1-4-, 1941, to 1-6, 1941; that I last saw h. alive on 1-6-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	2 days
Due to Angina Pectoris	1 year
Due to Arteriosclerosis	10 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. A. Brookerson M.D. (M. D. or other)
Address Poplar Bluff Mo. Date signed 1-9-41

(Licensed Embalmer's Statement on Reverse Side)

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 Trover W. Green

Licensed Embalmer No. 2464

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.