

FILED MAY 19 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 155

2
7
3

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 _____)

In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Pearl King

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex male **5. Color or** white **6. (a) Single, widowed, married,** divorced
race **6. (b) Name of husband or wife** _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased April 3 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>2 hr. 30 min.</u>

9. Birthplace Butler Mo Mo _____
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Pearl Hubert King

12. Name Pearl Hubert King

13. Birthplace Butler Mo Mo _____
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Meta Pearl

15. Birthplace St Louis Mo _____
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl H. King

(b) Address burial Poplar Bluff Mo

17. (a) burial **(b) Date thereof** 4-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ashes to be buried

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4/7/41 **(b)** Kate Lutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

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

(d) Street No. Gene delivery _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1941 hour 8:50 minute P. M.

21. I hereby certify that I attended the deceased from April 3, 1941, to April 9, 1941;
that I last saw him alive on April 9, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Premature births

Due to	Duration

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) (b) Means of injury _____

23. Signature Alfred R. Crow (M. D. or other) _____

Address Poplar Bluff Mo **Date signed** 4-5-41

RECEIVED

District Health Officer No. 2,

District File Number 541-609

Date Filed 5/14/41

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 _____

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.