

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27891**

FILED SEP 6 1941

Registration District No. _____ Primary Registration District No. **3007** Registrar's No. **334**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Poplar Bluff**
(c) Name of hospital or institution:
Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Several weeks**
In this community **Several weeks** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Marie Kastien**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Leroy** 6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **Unknown-definite**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	43			hr. min.

9. Birthplace **Danville, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **self**

12. Name **Will Lake**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **L. B. Taylor**
(City, town, or county) (State or foreign country)

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Leroy Kastien**

(b) Address **Poplar Bluff, Mo.**

17. (a) **removal** (Burial, cremation, or removal) (b) Date thereof **9-1-41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Danville, Ill.**

18. (a) Signature of funeral director **Greer Crov**

(b) Address **Poplar Bluff, Missouri**

19. (a) **9-1-41** (Date received local registrar) (b) **Belle Kivnoe** (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **31**
year **1941** hour **8:00** minute **00** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot wound in left plural cavity by 32-20 Colt revolver. Bullet entirely through body at about 2" higher where exit in back.**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Coroners jury verdict; - By gunshot of
Major findings: **under left breast inflicted by an unknown party.**

Of operations _____
Of autopsy _____
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) **OPEN**
(b) Date of occurrence **8-31-41**
(c) Where did injury occur? **Butler county, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **h**

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

23. Signature **Alfred Walker** Coroner (M. D. or other) _____
Address **Poplar Bluff, Mo.** Date signed _____

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.

RECEIVED

District Health Office No. 2,

District File Number 941-1201

Date Filed 9/4/41

APR 17 1945

APR 19 1945

AUG 5 1945

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. 3474

P. O. Address Poplar Bluff

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.