

Registration District No. 89

Primary Registration District No. 3002

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Greenville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1941 hour 5 minute 30 M.
21. I hereby certify that I attended the deceased from October 18
1941 to Oct 20 1941;
that I last saw him alive on October 20 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Gastro-Enteritis 10 days

Due to _____
Due to _____
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) (e) Means of injury _____
23. Signature Frank E. Smell (M. D. or other M.)
Address Poplar Bluff Mo. Date signed 10/21/41

3. (a) PRINT FULL NAME Elvin Donald Barker

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 29 1941
(Month) (Day) (Year)

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

9. Birthplace Poplar Bluff, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Dennis Barker

13. Birthplace Wayne County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Arla Day Mabrey

15. Birthplace Greenville, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Dennis Barker

(b) Address Greenville, Mo.

17. (a) Burial (b) Date thereof Oct. 21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coldwater

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Mo.

19. (a) 10-21-41 (b) Delle KINNE
(Date received local registrar) (Registrar's signature)

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

12
7
3

RECEIVED

District Health Office No. 2,

District File Number 11441-1466

Date Filed 11/3/41

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, fact should be so stated above.