

No. 2
9-4-41
17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37918**
Registrar's No. **456**

FILED DEC 10 1941

Registration District No. **1941**

Primary Registration District No. **8007**

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME **William Stillely**

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Allie Vandover - Stillely**
6. (c) Age of husband or wife if alive **47** years
7. Birth date of deceased **March 1 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 **8** **26** hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business.....

MOTHER FATHER { 12. Name **George W. Stillely**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Robert Ann Murray**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. William Stillely**

(b) Address **Warren St., South Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 28, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cemetery**

18. (a) Signature of funeral director **Frank Mortuary**

(b) Address **412 Vine St. Poplar Bluff, Mo.**

19. (a) **11-29-41** (b) **Belle Kinn**
(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,** **7**
(If outside city or town limits, write "RURAL")
(d) Street No. **3**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **27**
year **1941** hour **12** minute **15** P. M.

21. I hereby certify that I attended the deceased from **August 1 to November 27, 1941**
November 27, 1941 to **November 27, 1941**
that I last saw him alive on **Nov. 26, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cardiac dilatation
Due to **Carcinoma of Large Intestine** **5 months**
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)
(e) Means of injury.....

23. Signature **J. E. Drell** (M. D. or other) **D**
Address **Poplar Bluff, Mo.** Date signed **11/28/41**

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

RECEIVED

District Health Office No. 2,

District File Number 1241-1621

Date Filed 12/5/41

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

Howard Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. 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, fact should be so stated above.