

FILED MAR 18 1942

Primary Registration District No. **5131**

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:
South Hy. 67
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community **Life**
years, months or days)

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. **South Hy. 67**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **William Arthur Tedrick**

3. (b) If veteran, name war.....

3. (c) Social Security No. **490-05-2112**

4. Sex **Male**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Clara Tedrick**

6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Dec. 14 1889**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	2	15	hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business.....

MOTHER FATHER

12. Name **Daniel Tedrick**

13. Birthplace **Big Pool Md.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Calhoun**

15. Birthplace **Hardin Co. Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **O.A. Tedrick**

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

17. (a) **Burial** (b) Date thereof **2-21-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairdealing, Mo.**

18. (a) Signature of funeral director **Greer Croy Service**

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

19. (a) **2-24-42** (b) **B. Kurne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **19**
year **1942** hour **5** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Dec. 12**, 19 **41**, to **Feb 19**, 19 **42**
that I last saw him alive on **Feb 19**, 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **30 min**

Due to **Coronary Artery Disease** **Several years**

Due to **Rheumatic Heart disease?** **Many years?**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... **940**

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 **Tredrick, M.D.** (M. D. or other)
Address **Poplar Bluff, Mo.** Date signed **2/19/42**

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RECEIVED

District Health Office No. 2,

District File Number 342-413

Date Filed 3-13-42

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

Wallace N. Fitch

Licensed Embalmer No. 3859

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, fact should be so stated above.