DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17505

Registration District No. 89 | Primary Registration District No. 3007 | Registrar's No. 141

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: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

In this community: ~~Life~~

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 17 3

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

(d) Street No.: Rural 0
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Vernon Edward Carl

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 9 (Day) 33 (Year)

8. AGE: Years	Months	Days	If less than one day
8	8	23	hr. min.

9. Birthplace: Butler County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: School Child

11. Industry or business:

FATHER
12. Name: Chas. Carl
13. Birthplace: Butler County, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Wilson
15. Birthplace: Christian Co. Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Chas. Carl
(b) Address: Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Dooley Cemetery

18. (a) Signature of funeral director: Greer Croy Service
(b) Address: Poplar Bluff, Mo.

19. (a) 4-1-42 (Date received local registrar) (b) Belle Nunne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 year 1942 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 3-31-42, 19..., to 4-1, 19 42, that I last saw him alive on 4-1, 19 42, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tetanus	6 days
Due to: Stab wound of Rt foot	6 days
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): 0 12

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Fred Biggs (M. D. or other) D

Address: Poplar Bluff, Mo. Date signed 4-2-42

42 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 5-42-609
Date Filed 5-13-42

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. 3869

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.

V. S. No. 2B
10M—8-21-41
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State File No. 17505

Registration District No. 89 Primary Registration District No. 3007 Registrar's No.

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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Vernon E. Carl
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: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 9 (Day) 1939 (Year)
8. AGE: Years 8 Months 8 Days 29 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name
13. FATHER Birthplace (City, town, or county) (State or foreign country)
14. MOTHER Maiden name
15. MOTHER Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 9 year 1942 at hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Tetanus
Stab wound of right foot.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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)~~: Nail in foot
(b) Date of occurrence: about March 29, 1942
(c) Where did injury occur? Rawlins Butler Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)
While at work? yes (e) Means of injury
23. Signature: E. L. Biggs Jr. M.D. (M. D. or other)
Address: Poplar Bluff, Mo. Date signed

SUPPLEMENTARY
1950
9 yr