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No. 2
9-4
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1942

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2007

State File No.

Registrar's No. 258

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 Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Butler 12

(c) City or town: Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 932 Harper St. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Leola Moore Carter

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Harry L. Carter

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: June (Month) 4 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	11	hr. min.

9. Birthplace: Fulton Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: Sam M. Bartley

13. Birthplace: Fulton Mo. (City, town, or county) 0 (State or foreign country)

14. Maiden name: Virginia Berry

15. Birthplace: Fulton Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Harry L. Carter

(b) Address: 932 Harper St. Poplar Bluff Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Aug. 18, 42 (Month) (Day) (Year)

(c) Place: burial or cremation: Fulton Mo.

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

(b) Address: Poplar Bluff Mo

19. (a) 8/18/42 (Date received by local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 15
year: 1942 hour: 9 minute: 10 A.M.

21. I hereby certify that I attended the deceased from July 18, 1942, to Aug 15, 1942, that I last saw him alive on Aug - 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to: Laying on back too long	
Due to: Fractured femur	
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): yes

(b) Date of occurrence: 7-20-42

(c) Where did injury occur? Home (City or town) 128 (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? (Specify type of place)

(e) Means of injury:

23. Signature: H M Hunchman (M. D. or other)
Address: Poplar Bluff Mo Date signed:

(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1942

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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26779

Registration District No. 89 Primary Registration District No. 2007 Registrar's No. 258

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

SUPPLEMENTARY

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: P. B. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks (Specify whether
In this community 45 yrs.
years, months or days)

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 Leola Moore Carter

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

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Harry

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

7. Birth date of deceased June 4 1870
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. 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) 10-9-42 (Date received local registrar) (b) Belle Tinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15
year 1942 hour ..... minute ..... 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 Hypostatic pneumonia

Due to Laying on bath to lung

Due to fractured femur

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.

186a
18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 7-20-~~40~~ 1942

(c) Where did injury occur? at Home
(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 Fall

23. Signature H M Henrickson (M. D. or other)

Address Poplar Bluff Mo Date signed .....