

S. No. 2
-9.4.41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29883

State File No. _____
Registrar's No. 281

Registration District No. 89 Primary Registration District No. 5143

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town RURAL - Poplar Bluff
(c) Name of hospital or institution: COUNTY FARM 5
(d) Length of stay: In hospital or institution 1 DAY
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER
(c) City or town RURAL
(d) Street No. COUNTY FARM - 4 MI SW
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES BECK
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, UNKNOWN
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased UNKNOWN

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

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

10. Usual occupation UNKNOWN

11. Industry or business UNKNOWN

12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant A Hester (b) Address 2002 Poplar Bluffs

17. (a) BURIAL (b) Date thereof AUG 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation COUNTY FARM CEM

18. (a) Signature of funeral director J. P. Phelps (b) Address Poplar Bluff Mo
19. (a) 9-5-42 (Date received local registrar) (b) Bell Stinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 18 year 1942 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8/18/42 to 9/18/42
that I last saw him alive on 8/17/42 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

Due to _____
Due to _____

Other conditions Stomach; albyclatrin acidosis
(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 Fred Binger (M. D. brother)
Address Poplar Bluff Mo Date signed 8/21/42

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

12
0

12
0

92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 942-1192

Date Filed 9-11-42

WRIMY - MIA7 YTHUOS
MIA7 YTHUOS

MIA7 YTHUOS
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PI
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MIA7 YTHUOS

MIA7 YTHUOS

MIA7 YTHUOS

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

M. T. Phelps

Licensed Embalmer No.

32131

P. O. Address

Paper Blue

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.