

S. No. 2
M-5-42
7-5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33324

State File No. _____

Registrar's No. 334

FILED NOV 4 1942

Registration District No. 42

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME William Lester Eldridge

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 infant

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

7. Birth date of deceased Feb 13 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>8</u>	<u>4</u>	<u>hr. min.</u>

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

10. Usual occupation _____

11. Industry or business _____

12. Name Roy Eldridge

13. Birthplace Butler Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Violet Gato

15. Birthplace Broseley, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Eldridge

(b) Address Broseley, Missouri

17. (a) Burial (b) Date thereof 10 15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillis Cemetery

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

(b) Address Poplar Bluff, Missouri

19. (a) 10-17-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 (14)
year 1942 hour 1 minute 45 M.

21. I hereby certify that I attended the deceased from 10-13, 1942, to 10-14, 1942, that I last saw him alive on 10-14, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: [Handwritten: Myocardial Infarction]

Due to _____
Due to _____
Other conditions: 10
(Include pregnancy within 3 months of death)

Major findings: [Handwritten: none]
Of operations: [Handwritten: none]
Of autopsy: [Handwritten: none]

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) [Handwritten: none]

(b) Date of occurrence 10-14-42

(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 [Handwritten: M. J. Henneke] (M. D. or other) _____

Address Poplar Bluff, Mo. Date signed 10-16-42

RECEIVED

District Health Office No. 2

District File Number 1147-1347

Date Filed 11-2-42

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 Walter N. Fitch.....

Licensed Embalmer No. 3857.....

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.