S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40325

State File No.

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 403

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7
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LUCY Lee HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ HOURS (Specify whether
In this community 7 MO
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12
(c) City or town POPLAR BLUFF MO 7
(If outside city or town limits, write "RURAL")
(d) Street No. So THOMAS St 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME CARL EUGENE COSTIN

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex MALE O
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 11 (Day) - 1942 (Year)

8. AGE: Years — Months 7 Days 9 If less than one day hr. min.

9. Birthplace POPLAR BLUFF (City, town, or county) MO O (State or foreign country)
10. Usual occupation —
11. Industry or business

FATHER
12. Name CARL CLYDE COSTIN
13. Birthplace LOUISVILLE (City, town, or county) IND 1 (State or foreign country)

MOTHER
14. Maiden name HELEN LOUISE MOSLEY
15. Birthplace POPLAR BLUFF (City, town, or county) MO O (State or foreign country)

16. (a) Informant Carl C Costin
(b) Address Gen Del Poplar Bluff Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAWN CEM
18. (a) Signature of funeral director N. I. Pheefer
(b) Address Poplar Bluff Mo
19. (a) 12-28-42 (Date received local registrar) (b) Bell Kinne (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1942 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from December 20, 1942 to December 20 1942
that I last saw him alive on December 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 5 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 108
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F. L. Kruebel (M. D. or other)
Address Poplar Bluff Mo Date signed 12/22/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 143-31
Date Filed 1-4-43

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 H. T. Phelps

Licensed Embalmer No. 3231

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.