

FILED FEB 8 1943

Registration District No. 396

Primary Registration District No. 3061

Registrar's No. 57

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River Mo
(c) Name of hospital or institution: -
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ✓
(Specify whether)

In this community ✓
years, months or days

3. (a) PRINT FULL NAME Robert Dale Polette

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

4. Sex M 5. Color or Race Gr 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years (Day) 19 (Month) 18 (Year) 43

7. Birth date of deceased. Dec 23 1843
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business ✓

MOTHER FATHER { 12. Name Greeman Polette
13. Birthplace Bonne Terre Mo (City, town, or county) (State or foreign country)

{ 14. Maiden name Opal Pulliam
15. Birthplace Bollinger Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Greeman Polette

(b) Address Flat River Mo 1943

17. (a) Woodlawn (b) Date thereof 11 3 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Jos Diemer

(b) Address Flat River Mo

19. (a) Jan. 2, 1943 (b) Byrdie Buhrmaster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois
(c) City or town Flat River Mo 5
(If outside city or town limits, write "RURAL") 2

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 1 day _____
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12/23/42
19 _____ to Jan 1, 19 43

that I last saw him alive on 1/1/43, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death

Premature baby -

Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 159

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 J. H. Cline MD (M. D. or other) _____

Address Flat River Mo Date signed Jan 2, 1943

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

94
5
2

1196

RECEIVED

District Health Officer No. 4

District File Number 243-1659

Date Filed 2-5-43

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.....

Body was not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Joe Diemer

Licensed Embalmer No. *970*

P. O. Address *Mat River 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.