

FILED MAR 20 1943 318

Registration District No. _____

Primary Registration District No. _____

1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Gravois City Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town POPLAR BLUFF NR
(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 FRED MARTIN HARWELL

(b) If veteran, name war _____ (c) Social Security 487-18-7250

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

6. (b) Name of husband or wife Estelle Harwell 6. (c) Age of husband or wife if alive 30 years (Day) (Year)

7. Birth date of deceased: Jan 26 1908 (Month) (Day) (Year)

8. AGE: Years 35 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Timber worker

11. Industry or business _____

MOTHER FATHER { 12. Name Marion Harwell
13. Birthplace Butler County Mo. (City, town, or county) (State or foreign country)
14. Maiden name Sara Jordan
15. Birthplace Butler County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Estelle Harwell

(b) Address Poplar Bluff Mo

17. (a) Reburial (b) Date thereof 3 9 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff Mo

18. (a) Signature of funeral director Walter Croy Funeral Home

(b) Address Poplar Bluff Mo

19. (a) MAR 19 1943 (Date received local registrar) (Registrar's signature) J. F. Bredeco

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 5 year 1943 hour 1 minute 18 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,

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

Immediate cause of death Fractured of 3rd and 4th Cervical Vertebrae with laceration of spinal cord when he was struck by a Dugout Car operated by one Edgar Louis Torbence, about 300 feet south of Calvary on N. Broadway about 1:15 AM. Mar 5 1943 Duration _____

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) accident

(b) Date of occurrence Mar 5 1943

(c) Where did injury occur? St Louis MO (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 _____ (Specify type of place)

23. Signature Dr. Alfred J. ... (Date) 3/6/43

Address 1300 ...

844

2267

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

John Ketter

Licensed Embalmer No.

3880

P. O. Address.....

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.