

V. S. No. 2  
OM-9.4-41  
Re 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9755

State File No. ....

FILED MAR 31 1943

Registration District No. 49

Primary Registration District No. 2007

Registrar's No. 64

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

1. PLACE OF DEATH: Butler

(a) County Butler

(b) City or town Enroute to hospital, Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3

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

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) (Specify whether

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Near Wappapello  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country..... 1

3. (a) PRINT FULL NAME William Henry Puckett

3. (b) If veteran, name war None 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel Puckett 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 11, 1863  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>79</u>	<u>3</u>	<u>11</u>	hr. min.

9. Birthplace Jefferson County, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Abe Puckett

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Reva Conley

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

16. (a) Informant Mrs. Henry Puckett

(b) Address Wappapello, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 24, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Little Brushy Cemetery

18. (a) Signature of funeral director Greer Croy Funeral Ser

(b) Address Poplar Bluff, Missouri

19. (a) 3-1-43 (Date received local registrar) (b) Belle Turner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22  
year 1943 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of sigmoid colon Duration Unknown

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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 Asford McGee (M.D. or other) Coroner

Address Poplar Bluff, Missouri Date signed Feb. 23, 43

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RECEIVED

District Health Office No. 2,

District File Number 343-416

Date Filed 3-30-43

STATEMENT BY LICENSED EMBALMER

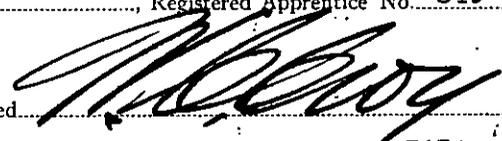
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

L. V. Adamson

Registered Apprentice No. 349

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, Missouri

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.