

S. No. 2
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ev. 5-17-39
PI X32873

13860

DEPARTMENT OF COMMERCE
BUREAU OF THE CONSUL

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 12 1943

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural near Morocco - Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Missouri (b) County Butler

(c) City or town Rural near Morocco
(If outside city or town limits, write "RURAL.")

(d) Street No. Poplar Bluff Mo
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Edward W. Vest

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1943 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from April 1, 1943 to April 18, 1943 that I last saw him alive on April 18, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Lilly Vest

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

7. Birth date of deceased Thought to be - 3 - 10 - 1879
(Month) (Day) (Year)

Immediate cause of death Rug down
Condition had teeth - pus
County absorption of poisons
Due to the poison patches found
in Chamberlain's Heart - General
Due to break down.

Duration _____

8. AGE: Years About 64 Months _____ Days _____ If less than one day hr. _____ min. _____

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

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation Clergyman

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Sarah A. Baker

(b) Address Chicago, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Morocco Cemetary

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

(b) Address 442 Vine St, Poplar Bluff, Mo.

19. (a) 4-27-43 (Date received local registrar) (b) Belle Kinnel (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

956

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? _____ Means of injury _____

23. Signature J. P. M. Daniel (M. D. or other) _____

Address Poplar Bluff Mo Date signed _____

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

12000

1200

0

43

43

PHYSICIAN

Underline the cause to which death should be charged statistically.

(M. D. or other)

4-20-43

RECEIVED

District Health Office No. 2,

District File Number 543-660

Date Filed 5-11-48

MAY 13 1948

STATEMENT BY LICENSED EMBALMER

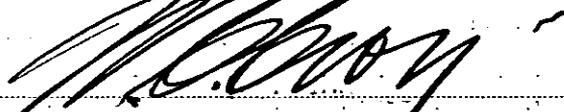
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

L.V. Adamson

Registered Apprentice No. 349

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3474

P. O. Address Poplar Bluff

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.