S. No. 2
DM—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17448

FILED JUN 10 1943

Registration District No. ____ Primary Registration District No. 3007 Registrar's No. 164

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1220 Alice St.
(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)
In this community: —

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Butler
(c) City or town: Poplar Bluff, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 1220 Alice St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Lowel Giles
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: Negro
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 21, 1943 (Month) (Day) (Year)
8. AGE: Years — Months — Days 1 If less than one day — hr. — min.
9. Birthplace: Poplar Bluff (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: —
11. Industry or business: —

MOTHER FATHER
12. Name: Aulden Giles
13. Birthplace: Poplar Bluff, ~~Ark.~~ Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Hattie Sanders
15. Birthplace: Helena, Ark. (City, town, or county) (State or foreign country)

16. (a) Informant: Hattie Sanders
(b) Address: Poplar Bluff, Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof: 5-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Morroco Cemetery
18. (a) Signature of funeral director: Frank-Cotrell Funeral Chapel
(b) Address: Poplar Bluff, Mo
19. (a) 5/26/43 (Date received by local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1943 hour 1:30 minute A. M.
21. I hereby certify that I attended the deceased from May 21, 1943, to May 21, 1943 that I last saw he alive on May 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature infant — Duration
Due to: —
Due to: —
Other conditions (Include pregnancy within 3 months of death): —
Major findings: Of operations: —
Of autopsy: —

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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: R. P. Lowe (M.D. or other)
Address: Poplar Bluff Date signed: —

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 643-282
Date Filed 6-7-43

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 Not Embalmed, Registered Apprentice No., working under my personal supervision.

Signed Scott A. Cotrell

Licensed Embalmer No. 3567

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.