

S. No. 2
M-9-4-41
5-17-39
X29484

Dr. A. R. Rowe.
State File No. 24513
Registrar's No. 199

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1943

Registration District No. 33

Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(c) Name of hospital or institution:
602 South / B. St.
(d) Length of stay: In hospital or institution: _____
In this community: _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff, Mo
(d) Street No.: 602 S. B. St.
(e) Citizen of foreign country? No
If yes, name country: 0

3. (a) PRINT FULL NAME: John L. Sadler
3. (b) If veteran: _____ name war: _____
3. (c) Social Security No.: _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 24
year 1943 hour 10:30 minute A.M.
21. I hereby certify that I attended the deceased from June 22, 1943 to June 24, 1943
that I last saw h. l. m. alive on June 24, 1943
and that death occurred on the date and hour stated above.

4. Sex: Male 5. Color or race: White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife: Sarah Sadler
6. (c) Age of husband or wife if alive: _____ years

Immediate cause of death: over
gray a. a. d. t. s.
arterio-sclerous
& senility
Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
80 10 18 hr. min.

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

9. Birthplace: Weakley County, Tenn.
10. Usual occupation: Farmer

11. Industry or business: _____
12. Name: John Sadler
13. Birthplace: Tenn.
14. Maiden name: Nancy Hopper
15. Birthplace: Tenn.

16. (a) Informant: W. S. Sadler
(b) Address: Poplar Bluff, Mo
17. (a) _____ (b) Date thereof: 6-28-43
(c) Place: burial or cremation: Quin Cem - Quin, Mo
18. (a) Signature of funeral director: Frank Cotrell Funeral Chapel
(b) Address: Poplar Bluff, Mo
19. (a) 6-30-43 (b) Belle Stume
(Date received local registrar) (Registrar's signature)

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? _____
(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: Dr. A. R. Rowe (M. D. or other)
Address: Poplar Bluff Date signed: 6-26-43

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

2
3

MOTHER FATHER

92

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 743-882

Date Filed 7-19-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Grover W. Green

Licensed Embalmer No. 2964

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.