

No. 2
 4-2-43
 5-17-43
 1 X35037

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **34289**
 Registrar's No. **313**

NOV 6 1943

Registration District No. **43**

Primary Registration District No. **3007**

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

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: Brandon Hosp O
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
 (Specify whether _____)
 In this community _____
 years, months or days)

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

3. (a) PRINT FULL NAME William E. Thirlwell
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 23
 year 1943 hour 8:00 minute _____ P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced N Y
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan. 15, 1872
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 16, 1943 to Oct. 23, 1943
 that I last saw him alive on Oct. 23, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 9 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Endocarditis Duration 10 - 42
 Due to Chronic nephritis

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)
 10. Usual occupation Restaurant

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

MOTHER FATHER
 11. Industry or business _____
 12. Name Chas. H. Thirlwell
 13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN 131 f
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ed Thirlwell
 (b) Address Poplar Bluff, Mo
 17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 10-24-43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn - Poplar Bluff, Mo
 18. (a) Signature of funeral director Frank Cottrell
 (b) Address Poplar Bluff, Mo.
 19. (a) 10-27-43 (b) Belle Turner
 (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? _____ (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 W. J. Stewart (M. D. or other) _____
 Address Poplar Bluff, Mo. Date signed 10-26-43

RECEIVED

District Health Office No. 2,

District File Number 1143-1388

Date Filed 11-3-43

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

working under my personal supervision.

W. T. Green
Registered Apprentice No. _____

Signed *W. T. Green*

Licensed Embalmer No. 2924

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.