

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3782E**
Registrar's No. **332**

FILED NOV 24 1943
Registration District No. _____

Primary Registration District No. **30073143**

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

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Rural P.O. - P.B. Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 2 miles W. of P.B. on Roxie Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 (Specify whether
 In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Butler
 (c) City or town Rural - Poplar Bluff
(If outside city or town limits, write "RURAL"
 (d) Street No. 3 miles W. of P.B. on Roxie Rd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ebbie J. Divine
 3. (b) If veteran, name war No 3. (c) Social Security No. 720-12-3068

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 6
 year 1943 hour 11:00 P.M. minute _____ 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.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Ella Divine 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct. 13, 1903
(Month) (Day) (Year)

Immediate cause of death accident Duration
me the jury state that the cause of the death of Ebbie Divine
 Due to is unknown to us
 (Exact verdict of coroner!)
 Due to jury
Pedestrian hit by a car
 Other conditions _____
(Include pregnancy within 3 months of death!)

8. AGE: Years Months Days If less than one day
40 0 23 hr. _____ min.
 9. Birthplace Bell City, Illinois (City, town, or county) (State or foreign country)

Major findings: 170c-8 PHYSICIAN
 Of operations _____
 Of autopsy 21
Underline the cause to which death should be charged statistically.

10. Usual occupation Auto Mechanic
 11. Industry or business Garage
 12. Name Robert L. Divine
 13. Birthplace Graves County (City, town, or county) (State or foreign country)
 14. Maiden name Lara Belle Jennings
 15. Birthplace Wayne Co., Illinois (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident 012
 (b) Date of occurrence Nov 6 - 1943
 (c) Where did injury occur? Butler County Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Public Highway
 While at work? no (Specify type of place) (b) Means of injury 1/2
 23. Signature Alfred W. Gyer Coroner (M.D. or other)
 Address Poplar Bluff Mo Date signed 11/9/43

16. (a) Informant Mrs. Ella Divine
 (b) Address Poplar Bluff, Mo
 17. (a) B (Burial, cremation, or removal) (b) Date thereof 11-10-43
(Month) (Day) (Year)
 (c) Place: burial or cremation Dudley, Mo
 18. (a) Signature of funeral director Frank Batrell
 (b) Address Poplar Bluff, Mo
 19. (a) 11-9-43 (Date received local registrar) (b) Belle Divine (Registrar's signature)

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RECEIVED
District Health Office No. 2,
District File Number 1143-1481
Date Filed 11-22-43

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. Greer
Licensed Embalmer No. 2964
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.