

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

37838

State File No.

FILED DEC 8 1943
Registration District No. 8-1943

Primary Registration District No. 5143

Registrar's No. 347

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

1. PLACE OF DEATH:

(a) County: Butler

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

(c) Name of hospital or institution: 1 1/2 miles E. of Poplar Bluff, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years 1 (Specify whether years, months or days)

In this community: 3 years 1

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 01200

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 1/2 miles E. of Poplar Bluff, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: D

3. (a) PRINT FULL NAME: John L. Oliver

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23 year 1943 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-10-43 to 11-21-43 19. 43
that I last saw him alive on 11-21-43 19. _____
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: Mattie 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: Feb. 15, 1903
(Month) (Day) (Year)

Immediate cause of death: Lobar Pneumonia Duration: 11 days

8. AGE: Years Months Days If less than one day

40 8 8 _____ hr. _____ min.

Due to: _____

Due to: Acute Bronchitis 2 wks.

9. Birthplace: Oxford, Miss (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

Other conditions (Includes pregnancy within 3 months of death): _____

11. Industry or business: _____

MOTHER FATHER { 12. Name: John L. Oliver 9

{ 13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name: " 9

{ 15. Birthplace: " 9
(City, town, or county) (State or foreign country)

Major findings: Of operations: 108

Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mattie Oliver
(b) Address: Poplar Bluff, Mo.

17. (a) (Burial, cremation, or removal): B. (b) Date thereof: 11-28-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Mosocco Cemetery

18. (a) Signature of funeral director: Frank Cottrill
(b) Address: Poplar Bluff, Mo.

19. (a) 11-30-43 (Date received local registrar) (b) B. W. Turner (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) _____ Means of injury: _____

23. Signature: Dr. A. J. Sengal (M. D. or other) _____
Address: 204 S. Grand St. Charleston, Mo. Signed 11-27-43

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RECEIVED

District Health Office No. 2,

District File Number 1243-1547

Date Filed 12-8-43

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 Scott A. Roberts

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.