

S. No. 2
DM-2-43
5-17-39
I X35807

2214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 7 1944

Registration District No.

Primary Registration District No. 2007

Registrar's No. 27

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:
Bartlett Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Transient
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Pulaski

(c) City or town Little Rock
(If outside city or town limits, write "RURAL")

(d) Street No. 3721 W. 13th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Leo Gazette

3. (b) If veteran, name war _____

3. (c) Social Security No. 483-14-9269

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27
year 1944 hour About 11 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Coroner's jury verdict "Cause unknown." Duration

7. Birth date of deceased April 20, 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>9</u>	<u>7</u>	hr. _____ min.

Evidence presented of probable angina pectoris with acute gastritis.

9. Birthplace Harvey Louisiana
(City, town, or county) (State or foreign country)

Due to Body found in parked truck several hours after death.

10. Usual occupation Laborer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace " 9
(City, town, or county) (State or foreign country)

14. Maiden name: Annie Laurie Vincent
(City, town, or county) (State or foreign country)

15. Birthplace Delphi Ohio
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____ 9.4.4 PHYSICIAN
Of autopsy None Underline the cause to which death should be charged statistically.

16. (a) Informant W. F. Gazette

(b) Address Little Rock, Arkansas

17. (a) Removal (b) Date thereof 1-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Arkansas

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Missouri

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 5

19. (a) Butte (b) Della Turner
(Date received local registrar) (Registrar's signature)

23. Signature Alfred M. Greer Coroner
Address Poplar Bluff, Mo. Date signed 1-29-44

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

FEB 7 1944

RECEIVED

District Health Office No. 2,

District File Number 244-216

Date Filed 2-3-44

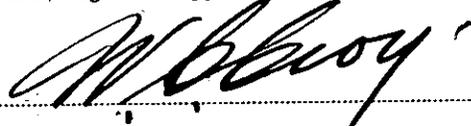
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, Missouri

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.