DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21188

Registration District No. 42 — Primary Registration District No. 5143 — Registrar's No. 191

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution: —
(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 64 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12

(c) City or town RURAL Poplar Bluff 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8 MI SW POPLAR BLUFF MO
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM PRESTON CHATMAN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEONA CHATMAN

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased APRIL (Month) 17 (Day) 1881 (Year)

8. AGE: Years 63 Months 1 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace BUTLER (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation TRUCK FARMER

11. Industry or business —

FATHER
12. Name JAMES CHATMAN
13. Birthplace REYNOLDS CO (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name FRANK ANN SWAN
15. Birthplace SCOTT CO (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Roscoe Chatman
(b) Address RFD 5 Poplar Bluff MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 31 1944 (Month) (Day) (Year)
(c) Place: burial or cremation BAY SPRINGS CEM

18. (a) Signature of funeral director M. G. Phelps
(b) Address Poplar Bluff MO

19. (a) 6-2-44 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28
year 1944 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 15, 1944 to May 28, 1944
that I last saw him alive on May 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration

Due to arteriosclerosis

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no

Duration

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

93d

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

23. Signature H. Everhill (M. D. or other) MD
Address Naylor MO Date signed 2/30 44

(Licensed Embalmer's Statement on Reverse Side)

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT

RECEIVED
District Health Office
District File Number 644
Date Filed 6-14

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.