

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X3667

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. 24215
Registrar's No. 242

FILED AUG 8 1944
Registration District No. 72

Primary Registration District No. 3007

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

12
7
3

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: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 days
(Specify, whether In this community 5 years in Poplar Bluff years, months or days)

3. (a) PRINT FULL NAME Elbert Douglas McAdoo

3. (b) If veteran, name war. 0

3. (c) Social Security No. No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bessie

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

7. Birth date of deceased February 2, 1883
(Month) (Day) (Year)

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

61 5 14 hr. min.

9. Birthplace Benton Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business Self

12. Name Bob McAdoo

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

14. Maiden name Olivia --

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

16. (a) Informant Nelson McAdoo

(b) Address Chester, Illinois

17. (a) Removal (b) Date thereof July 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton, Arkansas

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Missouri

19. (a) 7-17-44 (b) Bella Kimm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")

(d) Street No. 422 Oak Street 3
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1944 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 7-14, 1944 to 7-16, 1944
that I last saw him alive on 7-14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral strain.

Due to fall & cerebral trauma

Due to 186a

Other conditions 59
(Include pregnancy within 3 months of death)

Major findings: 79

Of operations 8

Of autopsy 8

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 7-14-44

(c) Where did injury occur? Poplar Bluff, Butler Co
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
ON VINE ST. NEAR ARCADE POOL HALL
(Specify type of place)

While at work? No (e) Means of injury 0

23. Signature Dr. H. H. H. H. (M.D. or other)
Address Poplar Bluff, Mo Date signed 7-17-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2,
District File Number 844-1027
Date Filed 8-3-44

SEP 25 1944

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.