

FILED OCT 17 1944

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 304

1. PLACE OF DEATH:
Butler
(a) County
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day
(Specify whether
In this community Three weeks
years, months or days)

3. (a) PRINT FULL NAME: Petar Eliett Wantsett
Alias: Pete Eloff
3. (b) If veteran, name war No
3. (c) Social Security No. 440-12-0504

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
7. Birth date of deceased About 1882
(Month) (Day) (Year)

8. AGE: Years 62 Months Days If less than one day
hr. min.

9. Birthplace Rozgrad County, Arnautkeyv, Bulgaria
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
11. Industry or business Pipe Line Worker

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown, Bulgaria
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown, Bulgaria
(City, town, or county) (State or foreign country)

16. (a) Informant John G. Evanoff
(b) Address 1539 E. First St. Tulsa, Oklahoma
17. (a) Removal (b) Date thereof 9-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tulsa, Oklahoma
Greer Croy

18. (a) Signature of funeral director
(b) Address Poplar Bluff, Missouri
19. (a) 9-23-44 (b) Billie Kinnel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County 997
(c) City or town Tulsa (If outside city or town limits, write "RURAL") 34
(d) Street No. 110 E. First St. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Bulgaria 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1944 hour 11:35 minute P. M.
21. I hereby certify that I attended the deceased from Sept 21
1944 to Sept 21 1944
that I last saw him alive on Sept 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Hemorrhage
Duration 1 Day

Due to Hypertension
Due to Arterio-sclerosis

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

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 [Signature] (M. D. or other)
Address Poplar Bluff Mo Date signed 9-22-44

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

RECEIVED

District Health Office No. 2,

District File Number 1044-1344

Date Filed 10-11-44

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 Alfred M. Green
Licensed Embalmer No. 1027
P. O. Address Opalaw Bluff

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.

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

1. PLACE OF DEATH: Butley Poplar Bluff

(a) County Butley

(b) City or town Poplar Bluff

(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 _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Peter E. Wantsett
alias P. E. Clapp

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased about (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 62 Months _____ Days _____ If less than one day _____ min.

9. Birthplace Bulgaria (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation _____

MOTHER FATHER { 11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year) _____
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) _____ (Registrar's signature) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location) _____

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day 27 year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary hemorrhage
origin hypertensive
arterio-sclerosis

Due to _____

Due to _____

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

Duration 1 day

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

Major findings: _____
Of operations 56

Of autopsy _____

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) _____

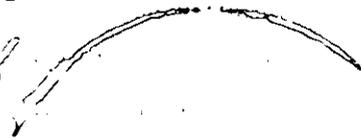
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature A. D. Markel (M. D. or other) _____
Date signed _____

SUPPLEMENTAL

98



33809