

Registration District No. **43**

Primary Registration District No. **2007**

Registrar's No. **407**

**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: **Brandon Hospital**  
(If not in hospital or institution, write street number or location) **75 days**  
 (d) Length of stay: In hospital or institution: **75 days**  
(Specify whether years, months or days)  
 In this community **Butler County Lifetime**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Butler** **12**  
 (c) City or town **Poplar Bluff - Rural** **0**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Route 1** **0**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **1**

**3. (a) PRINT FULL NAME**

**W. H. Kearbey**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of ~~husband's~~ wife **Velda Florence** 6. (c) Age of husband or wife if alive **64** years  
 7. Birth date of deceased **March 2, 1874**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<b>70</b>	<b>9</b>	<b>15</b>		hr. min.

9. Birthplace **Butler County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Joseph Kearbey**  
 13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Rebecca Nance**  
 15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. H. Kearbey**  
 (b) Address **Rt. 1, Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 19, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sparkman Cemetery**

18. (a) Signature of funeral director **Greer Croy**

(b) Address **Poplar Bluff, Missouri**

19. (a) **12-21-44** (b) **Belle's Dime**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **December** day **17**  
 year **1944** hour **11** minute **10** A. M.

21. I hereby certify that I attended the deceased from **Oct. 3, 1944 to Dec. 17, 1944**  
 that I last saw him alive on **December 17, 1944**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Endocarditis**

Duration **30 days**

Due to **Myocarditis** **3 Mo.**

Due to **Nephritis** **18 Mo.**

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

Major findings:  
 Of operations **ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED**  
 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?

23. Signature **[Signature]** (M. D. **XXXXX**)  
 Address **Poplar Bluff, Missouri** Date signed

RECEIVED

District Health Office No.

District File Number 145-6

Date Filed 1-16-4

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**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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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

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

Registration District No. *43*

Primary Registration District No. *3007*

Registrar's No. *407*

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:  
(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 *W. H. Kearney*

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *m*

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

7. Birth date of deceased *march 2*  
(Month) (Day) (Year)

8. AGE: Years *70* Months *9* Days \_\_\_\_\_ (Less than one day) min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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 \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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 *Feb* Year *1944* hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

Duration

Due to \_\_\_\_\_ *1314*

Due to *chronic nephritis*

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? \_\_\_\_\_

While at work \_\_\_\_\_ Specify type of place \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

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

1930

1808