

No. 2  
8-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2216

FILED JAN 31 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5143

Registrar's No. 5

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town popular Bluff General Del  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Popular Bluff Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community four years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County Butler 17  
(c) City or town popular Bluff (If outside city or town limits, write "RURAL") B  
(d) Street No. \_\_\_\_\_ (If rural, give location) d  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mack Collier  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 4<sup>th</sup> year 1946 hour 4:30 minute P M.  
21. I hereby certify that I attended the deceased from on 30 June, 1945, to 19;  
that I last saw him alive on 30 Jan, 1945;  
and that death occurred on the date and hour stated above.

4. Sex Male 2. Color or race negro  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Feb. 19 1865  
(Month) (Day) (Year)

Immediate cause of death Pneumonia, broncho- Duration 6 days  
Aschma, bronchial 28  
Due to nephritis, Chronic 22

8. AGE: Years Months Days If less than one day  
80 9 23 4 p.m. hr. min.

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 131 h PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Argusta Ark 1  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business unknown

12. Name Unknown \_\_\_\_\_

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

14. Maiden name Unknown \_\_\_\_\_

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Lane 1

(b) Address Popular Bluff, Mo.

17. (a) burial (b) Date thereof Jan 9 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marrocco, Mo

18. (c) Signature of funeral director Red Smith

(b) Address 1206 Alice St. Popular Bluff

19. (a) 1/7/46 (b) Ch. Menette  
(Date received local registrar) (Registrar's signature)

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 J. Lester Harwell (M. D. number)  
Address Popular Bluff, Mo. Date signed 7 Jan 46

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

229

RECEIVED

District Health Office No. 2,

District File Number 146-113

Date Filed 7-15-46

EM-61 22 1417

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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.....

..... Licensed Embalmer No. ....

..... P. O. Address.....

**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.**

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Butler Gen Geh.  
(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  
(If no 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 Mack Collier

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

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

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

7. Birth date of deceased Feb 19 (Month) (Day) (Year)

8. AGE: Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 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) \_\_\_\_\_ (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 1-7-46 (Date received local registrar) (b) RH Nimitz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(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 \_\_\_\_\_ Day \_\_\_\_\_ Year 1946 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature \_\_\_\_\_ (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

2216