

Harwell

4725

State File No.

Registrar's No. 58

FILED FEB 28 1946

Primary Registration District No. 3007

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 Hosp & Inf
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. #2 Poplar Bluff 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME WILLIAM RAYMOND DEVINE

3. (b) If veteran, name war 3. (c) Social Security 467-03-8630

20. DATE OF DEATH: Month January day 25th
year 1946 hour 12 minute 00 NOON

21. I hereby certify that I attended the deceased from 22 Dec 1945 to 25 JAN 1946
that I last saw him alive on 25 JAN 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife VEDA IRENE THURSTON 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased JULY 2 1898
(Month) (Day) (Year)

Immediate cause of death
Myocarditis, Chronic 2 yrs.
Pneumonia, Broncho- 2 MRS
Due to Nephritis, Chronic 2 yrs.
Bronchial Asthma ?

8. AGE: Years Months Days If less than one day
48 6 23 hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 120
Of autopsy

Duration
2 yrs.
2 MRS
2 yrs.
??

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

MOTHER FATHER

9. Birthplace New Haven ILLINOIS
(City, town, or county) (State or foreign country)
10. Usual occupation MECHANIC
11. Industry or business AUTOMOBILE
12. Name R. T. DEVINE
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name FLORA BELL JENNINGS
15. Birthplace Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant MRS W. R. DEVINE
(b) Address ROUTE #2 POPLAR BLUFF
17. (a) BURIAL (b) Date thereof 2/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodson Cemetery
18. (a) Signature of funeral director Frank Cotrell Chapel
(b) Address Poplar Bluff Mo
19. (a) 2/6/46 (b) R. T. Harwell
(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?
While at work? (Specify type of place) (e) Means of injury
23. Signature Doctor Harwell (M. D. or other) 9
Address Poplar Bluff, Mo. Date signed 28 Jan 46

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

RECEIVED

District Health Office No. 2,

District File Number 244-267

Date Filed 2/25/46

MAR 4 1946

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.....

Howard G. Rodgers

Licensed Embalmer No.....

4386

P. O. Address.....

Captors Bluff Mrs.

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.