

S. No. 2
M-5-43
7. 5-17-39
I X36671

State File No. **12352**
Registrar's No. **179**

FILED APR 18 1946
Registration District No. **43**

Primary Registration District No. **5143**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Poplar Bluff** *Rural*
(c) Name of hospital or institution: **Poplar Bluff, Mo. Rt. 1**
(d) Length of stay: In hospital or institution **50 years**
In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Butler**
(c) City or town **Rural**
(d) Street No. **Poplar Bluff Rt. 1**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Andrew Jackson Case**
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 **Married**
6. (b) Name of husband or wife **Anna Case** 6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **April 25 1858**

8. AGE:	Years	Months	Days	If less than one day
	87	11	12	_____ hr. _____ min.

9. Birthplace **Martin Co. Indiana**

10. Usual occupation **Farmerife**

11. Industry or business _____
12. Name **Unknown Case**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

16. (a) Informant **John Case**
(b) Address **Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **4/8/46**

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

18. (a) Signature of funeral director **Greer Croy & Fitch**
(b) Address **Poplar Bluff, Mo.**

19. (a) **4-13-46** (b) **W.H. Muttler**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **7** year **1946** hour **12** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **29 Mar 1946**, 19 **7 April** 1946 and that death occurred on the date and hour stated above.

that I last saw him alive on **29 Mar 1946**
Immediate cause of death **Cerebra**
Due to **Prosthetic Hepatoplexy** **5 years**

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **1370**

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

While at _____ (Specify type of place)
(e) Means of injury _____
23. Signature **W. B. ...** (M.D. or other) _____
Address **Poplar Bluff, Mo.** Date signed **9 Apr 46**

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

11261

RECEIVED

District Health Office No. 2,

District File Number 446-532

Date Filed 4-16-46

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, Mo.

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.