

FILED SEP 4 3 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 780

1. PLACE OF DEATH:

(a) County Bethel
(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 not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOAN WILLIAM HEARSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-22-0865

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 26 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Quincy Miss Ark
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business real estate

12. Name JAMES WILLIAM HEARSON

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

14. Maiden name JOSEPHINE HARRISS

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

16. (a) Informant Loan Hearson

(b) Address 2 Rundles

17. (a) Reburial (b) Date thereof 5-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring field Mo

18. (a) Signature of funeral director W. S. Marshall
(b) Address Quincy Mo

19. (a) 8/23/46 (b) W. Minette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year _____ hour 11 minute 30 P. 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 hypertension Duration _____

Due to Cardio - Renal Thromb

Due to _____

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

Major findings: Of operations _____

Of autopsy 1310

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 Frank E. Dues (M. D. or other) MD
Address Poplar Bluff Mo Date signed 8/23/46

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

2
7
3
25251

RECEIVED

District Health Office No. 2,

District File Number 846-1029

Date Filed 8-26-

071 29 1948

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.