

S. No. 2
M-8-43
v. 5-17-39
I x37823

8079

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 138

FILED APR 11 1947
Registration District No. _____

Primary Registration District No. 3007

2
7
3

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

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. 0
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12

(c) City or town Poplar Bluff 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Not named Hartle

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 0

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 3 1947
(Month) (Day) (Year)

8. AGE:			Years	Months	Days	If less than one day
						1 hr. min.

9. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Clytus Hartle

13. Birthplace Flat River Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Verna Whitehead

15. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Whitehead

(b) Address Neelyville Mo

17. (a) burial (b) Date thereof Mar. 4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coon Island

18. (a) Signature of funeral director Minnie Gish

(b) Address Naylor, Mo

19. (a) 4-1-47 (b) R. M. Whitehead
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3
year 1947 hour 8:45 minute P M.

21. I hereby certify that I attended the deceased from Mar 3 1947 to Mar 3 1947
that I last saw him in alive on Mar 3 and that death occurred on the date and hour stated above.

Immediate cause of death Premature separation of placenta Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

1600

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 0

Signature R. M. Whitehead (M. D. or other) _____
Address Poplar Bluff Mo Date signed 3-31-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District: District Office No. 2

District File Number 447-53

Date Filed 4-9-47

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 *Bryan McCord*

Licensed Embalmer No. 4079

P. O. Address *Waverly, 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.