

FILED APR 18 1947
43

Registration District No. _____
Primary Registration District No. **5143**

1. PLACE OF DEATH:
(a) County **Butler**
(b) City or town **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Butler County Farm**
(If not in hospital or institution, write street number or location) **5 Poplar Bluff Twp**
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

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. **Butler County Farm** **0**
(If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Crokett**
3. (b) If veteran, name war **No** 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **3rd**
year **1947** hour **3** minute **A.** M.

4. Sex **Male** 2 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Unknown**
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
About 69 hr. _____ min.

Immediate cause of death **myocarditis**
Due to _____
Due to _____

9. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**
10. Usual occupation **None**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **AGE**
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name **Unknown**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country) **9**

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

16. (a) Informant **C.O. Calvin**
(b) Address **Co. Farm, Poplar Bluff, Mo**

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? _____

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-3-47** (Month) (Day) (Year)
(c) Place: burial or cremation **Butler County Farm**
18. (a) Signature of funeral director **Frank Cottrell Chapel**
(b) Address **412 Vine Poplar Bluff, Mo**
19. (a) **4-10-47** (Date received local registrar) (b) **Rt Minister** (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury **3**
23. Signature **Chapman W. Green** (M.D. or other)
Address **Poplar Bluff, Mo** Date signed **4/8-47**

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

RECEIVED

District Health Office No. 2,

District File Number 447-288

Date Filed 4-14-47

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

Not Embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed *Jan Clark*

Licensed Embalmer No. 4216

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.