

S. No. 2
1-12-45
7-5-17-39
I X47070

FILED SEP 3 1947
43

Registration District No. _____ Primary Registration District No. **3007**

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:
Lucy Lee Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler **12**

(c) City or town Poplar Bluff **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 825 Kinzer **1**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John H. Vester

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1947 hour 3 minute 15 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him im alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Rosa Vester 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 16 1869
(Month) (Day) (Year)

Immediate cause of death Asphyxiation

Due to Cardiac failure

Due to Cardio-vascular disease

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

78	5	20	hr. min.
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9. Birthplace Pittman Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John B. Vester

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

14. Maiden name Virginia Agean

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

16. (a) Informant Mrs. Nota Lee Fischer

(b) Address Poplar Bluff, Mo.

17. (a) Removal (b) Date thereof 8/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corning, Arkansas

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 8/24/47 (b) Rh. Minette
(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 Ad. Marshall (M. D. or other) MD

Address Poplar bluff, Mo. Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 847-1164

Date Filed 8-29-47

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.....

John M. Davies....., Registered Apprentice No. 487
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.