

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33794**
Registrar's No. **378**

FILED NOV 5 1947

3007

Registration District No. **43**

Primary Registration District No. **3007**

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 hrs.**
(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 **Neelyville** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **1**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **25**
year **1947** hour **3** minute **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 **External Hemorrhage + Shock**
Due to **Crushed Right leg below knee**
Due to **Run over by Rail Road Train**
Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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) **Accident 12**
(b) Date of occurrence **Oct. 25 - 1947**
(c) Where did injury occur? **Neelyville Butler Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Along Rail Road right away
(Specify type of place)
While at work? **No** (e) Means of injury **Rail Road Train**
23. Signature **G. W. Doane** (M.D. or D.V.M.)
Address **Poplar Bluff Mo** Date signed **10/27/47**

3. (a) PRINT FULL NAME **Catherine Louise Curtner**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **female** 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 **May 31 1946**
(Month) (Day) (Year)

8. AGE: Years **1** Months **4** Days **24**
If less than one day _____ hr. _____ min.

9. Birthplace **Neelyville Mo. 6**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name **Robert L. Curtner**
13. Birthplace **Cagot Ark. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Elsie Ray**
15. Birthplace **Williamsville Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert L. Curtner**
(b) Address **Neelyville, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 27, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Naylor, Mo.**

18. (a) Signature of funeral director **Minnie Gish**
(b) Address **Naylor, Mo.**

19. (a) **10-28-47** (b) **R. W. Doane**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2,

District File Number 1142-1421

Date Filed 11-3-47

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.....
Carlos Taylor....., Registered Apprentice No. 60
working under my personal supervision.

Signed Susan Mc Card
Licensed Embalmer No. 4079
P. O. Address Taylor 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.