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00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11667

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 144

**1. PLACE OF DEATH:**

(a) County Butler

(b) City or town 4 miles West on Roxie Rd (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Twp. (If not in hospital or institution, write street number or location)

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

In this community Since 1912 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Butler 12

(c) City or town R. 6 (If outside city or town limits, write "RURAL") 0

(d) Street No. 5-miles W. on Roxie Rd. (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

**3. (a) PRINT FULL NAME** Charley Anderson Dry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife Hester Lunsden Dry

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 19, 1868 (Month) (Day) (Year)

**8. AGE:** Years 79 Months 7 Days 0 If less than one day hr. min.

9. Birthplace Grandchain, Illinois (City, town, or county) (State or foreign country) 1

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name Geo. Dry
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Jane Davis
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Hester Dry

(b) Address R.6 — Poplar Bluff, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-48 (Month) (Day) (Year)

(c) Place: burial or cremation Black Creek — Butler Co., Mo

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff, Mo

19. (a) 4-28-48 (Date received local registrar) (b) R. D. Minetree (Registrar's signature) 25

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month April day 19 year 1948 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from Dec — 1947, to 19 April 1948 that I last saw him alive on 15 April 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Uremia | 6 wks. |
| Due to Urinary Obstruction | 3 mo. |
| Due to Carcinoma Prostate | 6 mo. |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

5 | B

**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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address 321 Oak Poplar Bluff Mo Date signed 27 April 48.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 548-580
Date Filed 5-5-48

**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. ....., working under my personal supervision.

Signed Scott A. Catrett

Licensed Embalmer No. 3567

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.**