

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 3 1940 89

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42899

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 289

1. PLACE OF DEATH:

(a) County McButler
 (b) City or town Poplar Bluff, Mo. Rural
 (c) Name of hospital or institution: 2
 (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

3. (a) PRINT FULL NAME Estle Wood 30-2

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mimia 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased July 9, 1897
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 5 11 hr. _____ min.

9. Birthplace Morganton, Ark.
 (City, town, or county) (State or foreign country)

10. Usual occupation Store Clerk

11. Industry or business ?

12. Name Curry Wood

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Mimia Wood
 (b) Address Rt. 6, Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Dec. 21, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dowdy Cemetery

18. (a) Signature of funeral director Greer-Croy Service
 (b) Address Poplar Bluff, Mo.

19. (a) 12/23/39 (b) Al. H. Stanger
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rt 6
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 20 day _____
 year 1939 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Nov 13, 1939, to Dec 7, 1939
 that I last saw him alive on Dec 7, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver
 Duration _____

Due to _____
 Due to _____

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

Major findings: Of operations None
 Of autopsy None
 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 _____

23. Signature B. H. Stanger (M. D. or other) _____
 Address Poplar Bluff, Mo. Date signed 12-21-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.