

Registration District No. **88**Primary Registration District No. **5730**Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Butler**
 (b) City or town **Neelyville, Mo.**
 (c) Name of hospital or institution:
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ years, months or days

8. (a) PRINT FULL NAME **Unknown Man**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

8. AGE: Years **About 65** Months **-** Days **-** If less than one day _____ hr. _____ min.

9. Birthplace **Unknown**
(City, town, or county) (State or foreign country)10. Usual occupation **Transient**

11. Industry or business _____

MOTHER FATHER
 { 12. Name **Unknown**
 { 18. Birthplace _____ (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 **Coroner Grover Greer**(b) Address **Poplar Bluff, Mo.**17. (a) **Burial** (b) Date thereof **Feb. 15, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **County Farm**(a) Signature of funeral director **Greer-Croy Service**(b) Address **Poplar Bluff, Mo.**19. (a) **2-12-1940** (b) **Effie Deauterfelt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
 (c) City or town **Near Neelyville, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **X** (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **X** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **10**
 year **1940** hour **5:15** 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 _____ Duration _____

Due to _____

Due to **Hit by automobile while walking on public highway**

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **accident**(b) Date of occurrence **Feb. 10-1940**(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?
public highwayWhile at work? **no** (e) Means of injury **hit by car**28. Signature **Grover W Greer Coroner** (M. D. or other)Address **Poplar Bluff mo** Date signed **2/16-40**

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.