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RECEIVED JAN 13 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41986**

Registration District No. **89**

Primary Registration District No. **5131**

Registrar's No. **398**

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural
(c) Name of hospital or institution Route # 6 Poplar Bluff, Missouri
(d) Length of stay: In hospital or institution 5 weeks
In this community 5 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town RURAL
(d) Street No. Route # 6, Poplar Bluff, Missouri
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Arnold Doyle Chatman

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 9, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 7 _____ hr. _____ min.

9. Birthplace Harviell Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER { 12. Name Arnold Chatman
13. Birthplace Route # 6, Poplar Bluff, Missouri
14. Maiden name Wilma Robinson
15. Birthplace Harviell, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arnold Chatman
(b) Address Route # 6, Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof Dec. 10, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cockran Cemetery

18. (a) Signature of funeral director Greer-Crow Funeral Service
(b) Address Poplar Bluff, Missouri

19. (a) 1/7/41 (b) Kate Sutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
year 1940 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from 12-7-40
to 12-7-1940
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Arteriosclerosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy None

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

23. Signature A. Bushman (M. D. or other)
Address Poplar Bluff, Mo Date signed 2-10-40

Duration
5 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

1072
B. J. Brentlinger

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.....

.....**B. J. Brentlinger**....., Registered Apprentice No. **208**
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address **Poplar bluff, Missouri**

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41 986
Registrar's No. 398

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 5131

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Arnold Doyle Chatsman
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years.
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months 3 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 2/11/41 (b) Kate Sutz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 7
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____
Bilateral Broncho
Due to Respiratory
infection
Due to non specific N.I.H.D.

Other conditions _____ (Include pregnancy within 3 months of death) 107W

Major findings:
Of operations _____
Of autopsy _____

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)
(c) Means of injury _____

23. Signature W. Brookman (M. D. or other)
Address Poplar Bluff Mo 64654 Date signed 2-11-41

