DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 14 1941

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1921

Primary Registration District No. 5434

Registrar's No. 46

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ____ In this community: about 4 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

(c) City or town: Qulin
(If outside city or town limits, write "RURAL")

(d) Street No.: General Delivery
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Granville Wicks

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Rosella Wicks

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: unknown (Month) (Day) 1893 (Year)

8. AGE: Years 48 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace: Franklin County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: farmer

11. Industry or business: self

MOTHER FATHER

12. Name: Charlie Wicks

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

14. Maiden name: Nerrie Sandusky

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

16. (a) Informant's own signature: C.L.Chilton

(b) Address: Qulin, Missouri

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof: 1/31/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Bernie Cemetery Bernie, Mo

18. (a) Signature of funeral director: Greer-Croy Funeral Service

(b) Address: Poplar Bluff, Missouri

19. (a) 2/1/41 (Date received local registrar) (b) Kate Sutton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30 year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 25, 1941, to Jan. 30, 1941; that I last saw him alive on Jan. 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Respiratory Failure	
Due to: Cerebral Hemorrhage	1 day
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: C.W.Porter (M. D. or other)

Address: Poplar Bluff, Mo Date signed 2-1-41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 8-17-39 1 X19511

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. 3859

P. O. Address Poplar Bluff, Missour

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.