

No. 2
4-13-40
-17-39
I X23139

MAR 11 1941 89

Registration District No. _____

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town POPLAR BLUFF 7
(If outside city or town limits, write "RURAL")
(d) Street No. 625 No. 8th St 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 11
year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Jan 15, 1941, to Feb 11, 1941;
that I last saw him alive on Feb 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Myocarditis 7 days

Due to: Chronic Prostatitis 2 years

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

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration
7 days
2 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME LOUIS PHILLIP SOUTER

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 MARRIED

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

7. Birth date of deceased JULY 22 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation RETIRED TAILOR

11. Industry or business _____

12. Name LOUIS SOUTER

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

14. Maiden name MARY KENTNER

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

16. (a) Informant Mrs Katherine Souter

(b) Address 625 No 8th St Poplar Bluff Mo

17. (a) BURIAL (b) Date thereof FEB 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEM.

18. (a) Signature of funeral director N.F. Phelps

(b) Address Poplar Bluff Mo

19. (a) 2/22/41 (b) Kate Suter
(Date received local registrar) (Registrar's signature)

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 Albert R. Gray (M. D. or other) D

Address Poplar Bluff Mo Date signed 2/14/41

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.....

A. J. Phelps

Licensed Embalmer No. *3231*

P. O. Address *Paplar 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.