

No. 2
4-13-40
5-17-39
I X23159

FILED JUL 15 1941
89

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 246

12
7
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. BUTLER

(b) City or town. RURAL
(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 3 days
(Specify whether _____)

In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. BUTLER

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

(d) Street No. 2 MI N DULIN 1
(If rural, give location)

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

3. (a) PRINT FULL NAME CURTIS HENRY EASTWOOD

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 JAN 6 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

12 5 11 hr. min.

9. Birthplace BUTLER COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name ED EASTWOOD

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

14. Maiden name MAUDIE PERIGO

15. Birthplace BUTLER COUNTY MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Eastwood

(b) Address Dulin Mo RFD #1

17. (a) BURIAL (b) Date thereof JUNE 18 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DULIN CEM

18. (a) Signature of funeral director W. J. Phelps

(b) Address Poplar Bluff Mo

19. (a) 6/18/41 (b) Alte Sutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him alive on 6-16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Generalized Peritonitis 2 days

Due to _____

Ruptured Appendix 2 days

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 Ch Porter (M. D. or other) 11

Address Poplar Bluff, Mo Date signed 6-17-41

RECEIVED

District Health Officer No. 2

District File Number 741-846

Date Filed 7/10/41

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.....

N. J. Phelps

Licensed Embalmer No. 3231

P. O. Address.....

Poplar 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.