

FILED FEB 6 1942

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, 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: *2 days* (Specify whether years, months or days)

In this community: *2 days* (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: *Dunklin*

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: *Jerry Dean Vannarsdall*

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

4. Sex: *male* 5. Color or race: *White*

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

7. Birth date of deceased: *October 27 1941*
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>2</i>	<i>4</i>	<i>7</i>	<i>hr. 11 min.</i>

9. Birthplace: *Clarkton, Dunklin Co, Missouri*
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER

12. Name: *William Vannarsdall*

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

14. Maiden name: *Esther, Mag Barnes*

15. Birthplace: *Rainie Grove, Arkansas*
(City, town, or county) (State or foreign country)

16. (a) Informant: *Father Vannarsdall (Mother)*
(b) Address: _____

17. (a) *Burial* (b) Date thereof: *Jan 1 1942*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *St. Paul Field, Dunklin Co*

18. (a) Signature of funeral director: *Family Service*
(b) Address: *Clarkton, Mo*

19. (a) *1-5-42* (b) *Belle Turner*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Jan* day *1*
year *1942* hour *2* minute *36 AM*

21. I hereby certify that I attended the deceased from *Dec. 30*
19*41* to *Jan 1* 19*42*
that I last saw him alive on *Jan 1st* 19*42*
and that death occurred on the date and hour stated above.

Immediate cause of death: *Diarrhea*
Duration: *8 days*

Due to: _____

Due to: *Suppurative Otitis Media, RT* 1 day
Pneumonia, lt.

Other conditions: *Dehydration and Acidosis*
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: *None* 11902

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: *None*

(c) Where did injury occur? *None*
(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: *Off Porter* (M. D. or other) _____
Address: *Poplar Bluff, Mo* Date signed: *1-2-42*

S-41465

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, fact should be so stated above.