. S. No. 2
M.—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17519

FILED MAY 29 1942

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 129

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: Main and Oak street, Poplar Bluff, Mo. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Route 3 Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Poplar Bluff Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Willie Russel Friday
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 Ora
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Aug. 29, 1891 (Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Butler county, Missouri (City, town, or county) (State or foreign country) 6
10. Usual occupation Farmer
11. Industry or business Self
MOTHER FATHER
12. Name William Henry Firday
13. Birthplace Unknown (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Mary Swezy
15. Birthplace Missouri (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs. Ora Friday
(b) Address Poplar Bluff, Mo. rt 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Black River cemetery
18. (a) Signature of funeral director Greer Croy
(b) Address Poplar Bluff, Missouri
19. (a) 4-20-42 (Date received local registrar) (b) Ollie Stone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day ~~20th~~ 19
year ~~28~~ 1942 hour ~~12~~ 12 minute 25 A. 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 Basic skull fracture — Duration
Broken right leg and severe shock
Due to Being struck by automobile driven by Paul Jolly of Fisk, Mo.
Due to Unavoidable accident verdict of coroners jury
Other conditions Pedestrian
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no.

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) accident
(b) Date of occurrence April 19th at 12;25 A.M.
(c) Where did injury occur? Main and Oak street Poplar Bluff, Mo (City) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Main street of town (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred W. Greer Coroner
Address Poplar Bluff, Missouri Date signed 4/20/42

42 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 542-591
Date Filed 5-13-42

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 Wallace N. Fitch

Licensed Embalmer No. 3859

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.