S. No. 2
M—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17468

FILED JUN 10 1943

Registrar's District No. 3 — Primary Registration District No. 3007 — Registrar's No. 175

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: POPLAR BLUFF HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 HOURS (Specify whether years, months or days)
In this community: 6 mo

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.: 7 Mi SW POPLAR BLUFF (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: //

3. (a) PRINT FULL NAME: GEORGE WASHINGTON WAKEFIELD
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: FLORENCE WAKEFIELD
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: FEB (Month) 5 (Day) – (Year)

8. AGE: Years	Months	Days	If less than one day
46	3	26	hr. min.

9. Birthplace: SILVIA (City, town, or county) WAYNE Co. MO (State or foreign country)
10. Usual occupation: FARMER
11. Industry or business:
FATHER
12. Name: JOHN WAKEFIELD
13. Birthplace: CLUBB (City, town, or county) WAYNE Co. MO (State or foreign country)
MOTHER
14. Maiden name: SARAH EVELYN VIDELL
15. Birthplace: WAYNE Co. (City, town, or county) MO (State or foreign country)
16. (a) Informant: Mrs. Florence Wakefield
(b) Address: RFD #2 Poplar Bluff Mo
17. (a) / (Burial, cremation, or removal) (b) Date thereof: JUNE 1 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: LOMAX FAMILY CEM
18. (a) Signature of funeral director: W. T. Phelps
(b) Address: Poplar Bluff Mo
19. (a) 6-1-43 (Date received local registrar) (b) Billie Kirne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 31st year: 1943 hour: 9 minute: a M.
21. I hereby certify that I attended the deceased from 5-31, 1943 to 5-31, 1943 that I last saw him alive on 5-31, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia	
Due to: Probably thrombosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): GLN	
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): no
(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: J M Humphreys (M. D. or other)
Address: P O Box 3 Poplar Bluff Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 643-792
Date Filed 6-7-43

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. T. 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.