S. No. 2
1—9-4-41
5-17-39
FILED AUG 24 1943
N K25484

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. 27794

Registration District No. 43 — Primary Registration District No. 5143 — Registrar's No. 244

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, R. 3. Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Twp.
(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 Missouri (b) County Butler
(c) City or town Poplar Bluff, R. 3.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Albert Easley,

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 Easley
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Feb. 6, 1870 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 25 If less than one day hr. min.

9. Birthplace East Prairie (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Farmer,
11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Ora Eqsley
(b) Address Poplar Bluff, R. 3. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3. 43 (Month) (Day) (Year)
(c) Place: burial or cremation ~~Woodlawn~~ City, Poplar B.
18. (a) Signature of funeral director Watkins Funeral Ser.
(b) Address Dexter, Mo.
19. (a) 8-5-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1 year 1943. hour 3.55 minute A.M.
21. I hereby certify that I attended the deceased from July 1, 1943 to Aug 1, 1943 that I last saw him alive on July 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of the liver. Chronic Endocarditis

Due to followed with general

Due to Edema.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J R McDonald (M. D. or other)
Address Poplar Bluff Date signed Aug 2 1943

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 843-1079
Date Filed 8/18-43

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 Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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.