

FILED NOV 24 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3782
Registrar's No. 335

Registration District No. 23

Primary Registration District No. 5143

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town RURAL - Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 2 MO - 17 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER
(c) City or town RURAL - Poplar Bluff
(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 CURTIS WAYNE ELLIS WILSON

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 AUG 27 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 2 17 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name WILLIS WILSON

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

14. Maiden name MAE HARRIS

15. Birthplace SHELBYVILLE ILL
(City, town, or county) (State or foreign country)

16. (c) Informant Willis Wilson

(b) Address Gen Del Poplar Bluff Mo

17. (a) BURIAL (b) Date thereof NOV 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ASHCROFT C.E.M.

18. (a) Signature of funeral director N.T. Phelps

(b) Address Poplar Bluff Mo

19. (a) 11-13-43 (b) Belle Anne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 10 year 1943 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from NOV 9 1943 to NOV 10 1943; that I last saw him alive on NOV 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death leukitis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

Duration week

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 Alfred Stokes (M.D. or other) _____
Address Poplar Bluff Mo Date signed 11-12-43

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1143-1478

Date Filed 11-22-43

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 M. J. Phelps

Licensed Embalmer No. 3231

P. O. Address Saplar Belfrage

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.