

FILED FEB 7 1944

Registration District No. **22**

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**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
212 South E Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **7 months**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL")
(d) Street No. **212 South E**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mose Aulphard

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

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced. **Widowed**

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

7. Birth date of deceased **March 9, 1909**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	34	10	4	hr. _____ min.

9. Birthplace **Jackson Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laboreer**

11. Industry or business _____

12. Name **John Aulphard**

13. Birthplace **Jackson Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Maggie Rousy**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Edwards**

(b) Address **212 S. E St., Poplar Bluff**

17. (a) **Burial** (b) Date thereof **1-15-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **Greer Croy**

(b) Address **Poplar Bluff, Missouri**

19. (a) **1-27-44** (b) **Belle Turner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **13**
year **1944** hour **4:30** minute _____ P.A.M.

21. I hereby certify that I attended the deceased from **Jan 5, 1944** to **Jan 13, 1944**
that I last saw him alive on **Jan 5, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Endocarditis** Duration **3 Mo.**

Due to **Myocarditis** **6 Mo.**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

3 Mo.

6 Mo.

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) Manner of injury _____

Signature **W. W. [Signature]** (M. D. _____)

Address **Poplar Bluff, Mo** Date signed **1-21-44**

RECEIVED

District Health Office No. 2,

District File Number 244-211

Date Filed 2-3-44

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. 474

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.