S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Rowe 6890

State File No.

FILED MAR 8 1944

Registration District No. 7

Primary Registration District No. 3007

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1025 Park Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. 1025 Park Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William C. Tingle

3. (b) If veteran, name war .....

3. (c) Social Security No. 263-32-8694

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Tingle

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. 10, 1898 (Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace Forysthe, Ga (City, town, or county) Ga / (State or foreign country)

10. Usual occupation Pipe Line Worker

11. Industry or business Pipe Line

FATHER
12. Name Jim Tingle
13. Birthplace Georgia / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cary Taylor
15. Birthplace Georgia / (City, town, or county) (State or foreign country)

16. (a) Informant Pearl Tingle
(b) Address Poplar Bluff, Mo

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 2-15-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn — Poplar Bluff, Mo

18. (a) Signature of funeral director Frank — Cotrell
(b) Address Poplar Bluff, Mo.

19. (a) 2-21-44 (Date received local registrar) (b) Belle Hinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1944 hour 3:10 minute A. M.

21. I hereby certify that I attended the deceased from about 6 weeks was not treating him at time of death, 19..., that I last saw him alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer Stomach	2 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46

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) nr

(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 0

23. Signature A. R. Rowe (M. D. or other)

Address Poplar Bluff Date signed 2-18-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 344-370
Date Filed 3-3-44

FEB 8 1985

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 Scott A. Corbett

Licensed Embalmer No. 3567

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.