

7. S. No. 2  
OM-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30211

FILED OCT. 8 1945

State File No. \_\_\_\_\_

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 254

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 2 hrs. (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Charles A. Ezell

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

3. (c) Social Security No. 481-186857

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ezell

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Dec. 21, 1906  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Ripley County Mo. 11  
(City, town, or county) (State or foreign country)

10. Usual occupation Timber Worker

11. Industry or business \_\_\_\_\_

12. Name William Ezell

13. Birthplace Ripley Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Bernert

15. Birthplace Ripley Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Charles Poplar

(b) Address Doniphan Mo.

17. (a) Burial (b) Date thereof 9-3-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shilo Cem.

18. (a) Signature of funeral director J. W. Edwards

(b) Address Doniphan Mo.

19. (a) 9/4/45 (b) R. H. Minnettes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91

(c) City or town Doniphan Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? Mo. (Yes or No) \_\_\_\_\_

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Basic Fracture of Skull

Due to Falling down steps  
possibly due to Epilepsy

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) Accident 128

(b) Date of occurrence Sept. 2, 1945

(c) Where did injury occur: Poplar bluff Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Green W. Green Coroner  
Address Poplar Bluff, Mo. \_\_\_\_\_ (Registrar)

Date signed \_\_\_\_\_

1422

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1045-3063

Date Filed 10-1-45

*E. J. [unclear]*

Identical to [unclear]

[unclear]

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 Wallace M. Fitch

Licensed Embalmer No. 3859

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.