. S. No. 2
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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22831

FILED JUL 18 1946

Registration District No. 4 Primary Registration District No. 3007 Registrar's No. 227

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: 3
(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 Mo. (b) County Butler

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

(d) Street No. 721 Alice St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Samuel G. Diggs Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

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 Nov. 26 (Month) 1930 (Day) (Year)

8. AGE: Years 15 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Danville, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name George S. Diggs
13. Birthplace Paducah Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Morrill Mossie
15. Birthplace La Center, Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant George S. Diggs
(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.

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

19. (a) 7-11-46 (Date received local registrar) (b) R H Nineteen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1946 hour 2 minute 30 P. M.

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

	Duration
Immediate cause of death Asphyxiation	
Due to Accidental Drowning while in swimming	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accident 128
(b) Date of occurrence Jan 7-1946
(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 river (Specify type of place)
While at work? no (e) Means of injury Drowning

23. Signature Grover W. Green (M. D. or other) Coroner
Address Poplar Bluff Mo Date signed 7/8-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 146-85
Date Filed 2-16-46

JUL 24 1946

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 Howard Goodyear

Licensed Embalmer No. 4386.

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.