No. 2
2-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 43

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 4129

Registrar's No. 75

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: Brandon Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: Transient

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Wayne 111
(c) City or town: Greenville 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: No

3. (a) PRINT FULL NAME: Earl C. Whiteside
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 8 (Day) 1933 (Year)

8. AGE: Years 13 | Months 11 | Days 13 | If less than one day: hr. min.

9. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business:
MOTHER FATHER
12. Name: Earl J. Whiteside
13. Birthplace: Pennsylvania 1
(City, town, or county) (State or foreign country)
14. Maiden name: Irene Wevuer
15. Birthplace: Pennsylvania 1
(City, town, or county) (State or foreign country)
16. (a) Informant: Earl J. Whiteside
(b) Address: St. Louis, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Louis, Mo.
18. (a) Signature of funeral director: Greer Croy & Fitch
(b) Address: Poplar Bluff, Mo.
19. (a) 2/20/47 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 21 year: 1947 hour: P. minute: 10:45 A.M. PM
21. I hereby certify that I attended the deceased from 7:00P.M.-10:45 February 21st., 1947 to Feb. 21st., 1947 that I last saw him alive on February 21st., 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Basal Skull Fracture — Duration
Due to: Highway Accident
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 111
(b) Date of occurrence: February 21st., 1947
(c) Where did injury occur? Near Greenville, Wayne, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Somewhere on Highway. 0 (Specify type of place)
While at work? Don't Know. Means of injury: Don't Know.
23. Signature: [signature] (M. D. or other) M.D.
Address: Poplar Bluff, Mo. Date signed: 2/22/47

55 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 247-229
Date Filed 3-27-47

MAR 6 1947

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 John M. Davies, Registered Apprentice No. 487 working under my personal supervision.

Signed Wallace N. 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.