

23488

State File No. _____

Registrar's No. 269

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED 1947

Registration District No. 43

Primary Registration District No. 3007

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 one day
(Specify whether years, months or days)
 In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town Parma
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Eddie Howard Ezell

3. (b) If veteran, name was no
 3. (c) Social Security No. None

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Naomi Ezell
 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Oct. 7 2 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Essex Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

12. Name Archie Ezell
 13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ann Smith
 15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Naomi Ezell
 (b) Address Parma Mo.

17. (a) burial (b) Date thereof July 11 47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Wattison Funeral Soc
 (b) Address Parma Mo.

19. (a) 7-14-47 (b) R. M. Muehle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
 year 1947 hour 4 minute _____ p. M.

21. I hereby certify that I attended the deceased from July 7, 1947, to July 7, 1947,
 that I last saw him alive on July 7, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
 Duration _____

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Jugular carcinoma
 Of operations _____
 Of autopsy no

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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address Poplar Bluff Mo. Date signed 7-11-47

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

Rev. 5-17-39 1 x1931 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

NOV 19 1903

77-1003

2-22-47

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..... *Lymon Steele*

Licensed Embalmer No. *2476*

P. O. Address..... *Wester 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, above space should be left blank.