

No. 2  
-12-45  
5-17-39  
I X47070

FILED JUL 30 1947

Registration District No. 43

Primary Registration District No. 3057

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:  
Brandon Hospital  
(If not in hospital of institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days  
(Specify whether years, months or days)

In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. B arron Road  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward Thirlwell

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased November 1 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>8</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation Railway Conductor

11. Industry or business Mo. Pac. Rwy Retired

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Keith

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof July 20-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem. Poplar Bluff

18. (a) Signature of funeral director Frank Cottrell Chapel

(b) Address 412 Vine St. Poplar Bluff, Mo.

19. (a) 7/23/47 (b) R. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th  
year 1947 hour 11:00 minute A.M.

21. I hereby certify that I attended the deceased from March 24  
1947, 19   to July 19, 1947  
that I last saw him alive on July 19, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver  
Duration 2-24-47

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

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

Other conditions (Include pregnancy within 3 months of death)

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

Of autopsy 76 F

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 P. M. D.)  
Address BRANDON HOSPITAL, Poplar Bluff, Missouri Date signed 7-22-47

RECEIVED

District Health Office No. 2,

District File Number 747-1038

Date Filed 7-28-42

---

---

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 *Len Clark*.....  
Licensed Embalmer No. 4216

P. O. Address *Tepler 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.