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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32170

State File No. _____

Registration District No. 43

Primary Registration District No. 4059

Registrar's No. 337

1. PLACE OF DEATH:

(a) County Butter
(b) City or town Neelyville, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 yrs. years, months or days

3. (a) PRINT FULL NAME George Washington
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased About 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 83 hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country) 6

10. Usual occupation Farmer

11. Industry or business
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Dave Karns

(b) Address Neelyville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Neelyville, Mo

18. (a) Signature of funeral director Frank Catrell

(b) Address Poplar Bluff, Mo.

19. (a) 10/2/48 (Date received local registrar) (b) [Signature] (Registrar's signature) 25

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butter 12A
(c) City or town Neelyville, Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1948 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 17 Aug, 1948, to 7 Oct, 1948, that I last saw him live on 17 Aug, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation EMO

Due to Valvular insufficiency mitral ?

Due to _____ ?

Other condition Severe Secondary (Include pregnancy within 3 months of death) anemia

Major findings: Of operations _____

Of autopsy [Signature]

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 [Signature]
23. Signature [Signature] (Date received local registrar) 10/2/48
Address Poplar Bluff, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1048-1363

Date Filed 10-19-48

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

working under my personal supervision.

Signed

Not Embalmed
Registered Apprentice No.

Licensed Embalmer No. 3567

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.

Registration District No. 43

Primary Registration District No. 4059

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Nettleville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME George Washington

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color B race _____ 6. (a) Single, widowed, married, divorced unknown

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased about 1866
(Month) _____ (Day) _____ (Year) _____

8. AGE: Years all 83 Months _____ Days _____ (if less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. _____
Duration _____
Immediate cause of death _____

Due to _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

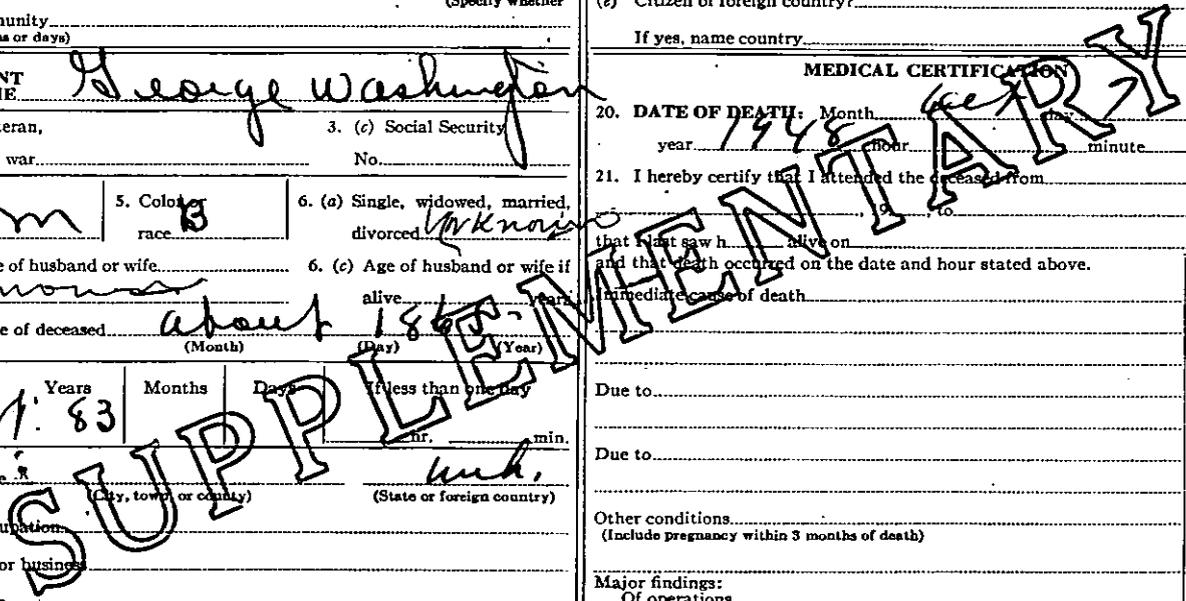
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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



S-32170