

Registration District No. 24

Primary Registration District No. 5131

Registrar's No. 255

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo. Rural
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME James L. Heck 200
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. 30 day
year 1939 hour 4:30 minute P. A. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 24, 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1, 1936, to Oct 30, 1939;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death cerebral hemorrhage myocardial

8. AGE: Years Months Days If less than one day
51 2 6 _____ hr. _____ min.

Due to Hyper tension about 4 years
Due to _____

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

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

10. Usual occupation Retired Contractor

11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____

12. Name Lee Heck

18. Birthplace Knoxville, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Brinkley

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

16. (a) Informant's own signature Mrs. Effie Heck

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Nov. 1, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Greer-Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 11/1/39 (b) [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: no

(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 _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.

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..... *Ernest W. Green*

Licensed Embalmer No. *2964*

P. O. Address..... *Poplar Bluff*

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.