

Registration District No. 91

Primary Registration District No. 5135

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo. Rural  
(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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff, Mo 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.

3. (a) PRINT FULL NAME Lucinda Stage 320

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Feb. 16, 1854  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Poplar Bluff, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jacob Miller

18. Birthplace Unknown

14. Maiden name Hester Rose (State or foreign country)

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

16. (a) Informant's own signature Lawrence Helton

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Nov. 22, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

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

(b) Address Poplar Bluff, Mo.

19. (a) Dec 5 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21, 1939  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 11:30 M.

21. I hereby certify that I attended the deceased from Nov 17, 1939, to Nov 27, 1939;  
that I last saw her alive on Nov 17, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia  
Relatuf.

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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) M.D.

Address Poplar Bluff Mo Date signed 11-28-39

Duration 2 weeks

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.

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**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.

*Not Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**