DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1805

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo (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 9 (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 (If outside city or town limits, write "RURAL")

(d) Street No. 245 N. C St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charlie W. Polk 426

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

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

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

7. Birth date of deceased Feb. 19, 1890 (Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation Cafe Owner

11. Industry or business

FATHER 12. Name James B. Polk

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

MOTHER 14. Maiden name Sarah Shearon

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

16. (a) Informant's own signature Lee Polk

(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation City Cem.

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

(b) Address Poplar Bluff, Mo.

19. (a) 1/9/40 (Date received local registrar) (b) O. Blutsinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7 year 1940 hour 6 minute P M.

21. I hereby certify that I attended the deceased from December 23, 1939, to January 7, 1939 that I last saw him alive on January 6, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Cervical Glands.

Due to

Due to 53

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work? No (e) Means of injury

23. Signature J. W. Mohrmann (M. D. or other)

Address J. W. Mohrmann, M. D. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

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 Choice W Greer

Licensed Embalmer No. 2964

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, above space should be left blank.