

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1808
Do not use this space.

1. PLACE OF DEATH
 (a) County Butler Registration District No. 89
 (b) Township..... Primary Registration District No. 3007
 (c) City Poplar Bluff (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Milton Lloyd Lepchenske
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 1 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dexter
 (STATE OR COUNTRY) Mo.

13. NAME Carl Milton Lepchenske

14. BIRTHPLACE (CITY OR TOWN) McCracken Co.
 (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Effie Frazier

16. BIRTHPLACE (CITY OR TOWN) Stoddard Co.
 (STATE OR COUNTRY) Mo.

17. INFORMANT Carl M. Lepchenske
 (ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dexter Cemetery DATE 1-21-40, 19__

19. FUNERAL DIRECTOR (NAME) Blankenship - Strickland
 (ADDRESS) Dexter, Mo.

20. FILED 1/21 1940
Blutstein Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19__
 22. I HEREBY CERTIFY, That I attended deceased from Jan 21st, 1940, to Jan 21st, 1940
 I last saw him alive on Jan 21st, 1940. Death is said to have occurred on the date stated above, at 3:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
 Date of onset 1/17/40
 Other contributory causes of importance: 108

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19__
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) C. L. Gualle, M. D.
 (Address) Poplar Bluff, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

I X16805

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.....

Licensed Embalmer No. 3479

P. O. Address Depta, 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.