

WHILE I REMAIN IN USE UNWRITING 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

P B 6096
State File No. _____
Registrar's No. 41

Registration District No. 89

Primary Registration District No. 5131

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff 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 47 years
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. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1940 hour 7:30 minute A M.
21. I hereby certify that I attended the deceased from
1-12-40, 19____, to 2-4-40, 19____;
that I last saw him alive on Feb. 9, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Post operative shock following operation for strangulated hernia.
Duration _____

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 J. D. [Signature] (M. D. or other) M. D.
Address Poplar Bluff, Mo. Date signed 2-16-40

3. (a) PRINT FULL NAME Isaac F. Humphries

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased Oct. 14, 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 25
If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jess Humphries
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Feb. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Black Creek

18. (a) Signature of funeral director Greer-Croy Service
(b) Address Poplar Bluff, Mo.

19. (a) 2/16/40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

Green W. Green

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.