

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14421

MAY 13 1940

Registration District No. 89

Primary Registration District No. 3007

State File No.

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Butler  
 (b) City or town Poplar Bluff  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Poplar Bluff Hospital 1  
 (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 \_\_\_\_\_

8. (a) PRINT FULL NAME LOCKARD WALTON

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced \_\_\_\_\_

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

7. Birth date of deceased Apr 27 1940  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

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

12. Name John Walton

13. Birthplace Butler Co Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Carlette Maters

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

16. (a) Informant's own signature John Walton

(b) Address Elsinore Mo

17. (a) Burial (b) Date thereof Apr 28 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walton Cem

18. (a) Signature of funeral director N.T. Phelps

(b) Address Poplar Bluff Mo

19. (a) 4/28/40 (b) Obeltzinger  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler  
 (c) City or town Poplar Bluff  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
 year 1940 hour 5:40 minute \_\_\_\_\_ a. M.

21. I hereby certify that I attended the deceased from April 27, 1940, to April 28, 1940;  
 that I last saw him alive on April 28, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

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

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

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

Major findings:

Of operations None

Of autopsy None

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? 89

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

28. Signature [Signature] (M. D. or other)

Address Poplar Bluff Mo Date signed 5-1-40

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.

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.**