DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14434

MAY 13 1940

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 123

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: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Butler

(c) City or town: Poplar Bluff (If outside city or town limits, write "RURAL") 0

(d) Street No.: E & Spruce Sts (If rural, give location)

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

3. (a) PRINT FULL NAME: Will Polk

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: M

5. Color or race: C

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Feb. 2, 1889 (Month) (Day) (Year)

8. AGE: Years 51 | Months 2 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace: Butler Co. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Tiemaker

11. Industry or business ____

FATHER
12. Name: Thomas Polk
13. Birthplace: Unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Jane Rich
15. Birthplace: N. Carolina (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Joseph, Sister
(b) Address: Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 26, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: County Farm

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

19. (a) 4/27/40 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 24 year: 1940 hour: 8:30 minute: P M.

21. I hereby certify that I attended the deceased from 4-17, 1940 to 4-24, 1940 that I last saw him alive on 4-18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	?
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: H. L. Clay MD (M. D. or other)
Address: Poplar Bluff Mo Date signed: 4/27/40

(Licensed Embalmer's Statement on Reverse Side)

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.

WARNING—USE STANDARD BLACK INK—MAKE A PERMANENT RECORD

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 B. J. Brentlinger, Registered Apprentice No. 208 working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 13474

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.