

17981

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 136

JUL 13 1940 89
Registration District No. 1347

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Rutler Co.
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 weeks
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Emma Elizebeth Hinkle 524

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

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

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

7. Birth date of deceased March 20th 1907
(Month) (Day) (Year)

8. AGE: Years 33 Months _____ Days 17 If less than one day hr. _____ min. _____

9. Birthplace New Madrid Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Sam Mainord

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

14. Maiden name Peart Stone

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

16. (a) Informant's own signature Nancy Armore

(b) Address 3263 West Pine ST. Louis. Mo.

17. (a) Perrial (b) Date thereof Apr 7 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bewrong Cemetery.

18. (a) Signature of funeral director Baker Funeral Home.

(b) Address Lutesville, Mo.

19. (a) 5-15-40 (b) Blutsinger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town _____
(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 6th
year 1940 hour 2. A M minute 25. A M.

21. I hereby certify that I attended the deceased from 3-18-40
_____, 19____, to 4-6-40, 19____;

that I last saw her alive on April 6, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 While at work? _____
(Specify type of place) (e) Means of injury _____

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

Address Poplar Bluff, Mo. Date signed 4-9-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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U. S. GOVERNMENT PRINTING OFFICE

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.