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-39  
K23159

SEP 16 1940  
Registration District No. 89

Primary Registration District No. 5134A

Registrar's No. 255

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Rural Broseley Rt. # 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Broseley Rt. # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community 3 days  
years, months or days)

3. (a) PRINT FULL NAME Cecil LeRoy Hester 236

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased August 20 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 3 hr. min.

9. Birthplace Route # 1 Broseley Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

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

12. Name James Hester

13. Birthplace Craighead County, Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Ruby Banthraw

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

16. (a) Informant James Hester

(b) Address Broseley Missouri Rt. # 1

17. (a) Burial (b) Date thereof 8/24/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Broseley

18. (a) Signature of funeral director Greer Croy Funeral

(b) Address Poplar Bluff, Missouri

19. (a) 8-25-40 (b) C. Latoung  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Rural Rt. # 1 Broseley, Mo.  
(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 Aug 23 day \_\_\_\_\_  
year 1940 hour 7 minute a M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death unknown  
child was born with out  
medical attention  
Due to mother suffering with  
Malaria fever for  
Due to about 2 months before  
birth of child  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 (Specify type of place)  
While at work? (a) Means of injury \_\_\_\_\_

23. Signature Chas. W. Green (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff Mo Date signed 8/28-40

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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 the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**