

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31528

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 287

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:  
(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)

3. (a) PRINT FULL NAME SCYTHA SAMANTHA LANE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female

5. Color of race White

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

6. (b) Name of husband or wife Charles W. Lane

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

7. Birth date of deceased April 28, 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>	<u>24</u>	hr. _____ min. _____

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

10. Usual occupation At Home

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

12. Name Josiah Bullock

13. Birthplace Middleton Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Seals

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

16. (a) Informant Mrs. Alta Gerhart

(b) Address Poplar Bluff Mo.

17. (a) Burial (b) Date thereof 9/24-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo.

19. (a) 9-28-40 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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 Roxie Road  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22  
year 1940 hour 7:40 minute P.M. M.

21. I hereby certify that I attended the deceased from Aug 1st 1940, to Sept 22 1940  
that I last saw her alive on Sept 21 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertension & Chronic nephritis

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

Due to 121

Other conditions Hypertensive congestive  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

Duration \_\_\_\_\_

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 [Signature] (M. D. or other) \_\_\_\_\_

Address Poplar Bluff Mo. Date signed \_\_\_\_\_

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

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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

*Robert W. Green*

Licensed Embalmer No.

*2964*

P. O. Address

*Poplar Bluff*

**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, fact should be so stated above.**