

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 127

FILED OCT 18 1940

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

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(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 3
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Elbert Lembs Jr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-18-6830

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

6. (b) Name of husband or wife T. Willie Lembs 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased May 23 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>25</u>	<u>3</u>	<u>22</u>	_____ hr, _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Elbert Lembs Sr.

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

14. Maiden name Pearl Bailey

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

16. (a) Informant Elbert Lembs Sr.

(b) Address 410 South Locust Charleston

17. (a) Burial (b) Date thereof 9/18/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Lair Munnelle

(b) Address Charleston Mo

19. (a) 9-17-40 (b) Frank D. Vernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. 412 South Locust
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15th
year 1940 hour 7 minute 30 P.M.

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

Immediate cause of death Killed by Gun Shot wound in back

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 172

Major findings: Of, operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 9-15-40

(c) Where did injury occur? Charleston Miss Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

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

23. Signature Frank D. Vernon (M.D. or other) _____

Address Charleston Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. _____

District File Number 1040-12

Date Filed 10/3/40

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 John P. Munnell Jr.
Licensed Embalmer No. 3851
P. O. Address Charleston

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.