

13-40  
7-39  
X23159

Registration District No. **NOV 15 1940 89**

Primary Registration District No. **5731 3007**

Registrar's No. **309**

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 **POPLAR BLUFF** **20**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 HRS**  
(Specify whether)

In this community **11** years, months or days

3. (a) PRINT FULL NAME **LYDIA ELLENTINSLEY**

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

3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife **Thomas Linsley** 6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **Feb 0** (Month) **29** (Day) **1860** (Year)

8. AGE: Years **80** Months **7** Days **5** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Paulding Co Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife** **9**

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

12. Name **Mathias Myers** **9**

13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Ann Robinson**

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

16. (a) Informant **Warren Romine**

(b) Address **RFD #4 Poplar Bluff Mo**

17. (a) **Burial** (b) Date thereof **Oct 6 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Black Creek Cem**

18. (a) Signature of funeral director **N. T. Phelps**

(b) Address **Poplar Bluff Mo**

19. (a) **10-7-40** (b) **W. H. ...**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BUTLER**

(c) City or town **So Poplar Bluff Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **October**  
year **1940** hour **11** minute **A** M.

21. I hereby certify that I attended the deceased from **October 1 1940** to **October 4 1940**  
that I last saw her alive on **October 4 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** **3da**

Due to **Hypertension** **1yr.**

Due to **62**

Other conditions **Pellagra** **1yr.**  
(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) **8-C**  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **W. H. ...** (M. D. or other) **MD**  
Address **Poplar Bluff Mo** Date signed **10/6/40**

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

MOTHER FATHER

*Kenneth*

**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 *N. J. Phelps*  
Licensed Embalmer No. *3231*  
P. O. Address *Poplar Bluff*

**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.**