No. 2
-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6404

MAR 11 1941

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 75

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

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 HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 HOURS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER 12
(c) City or town O
(If outside city or town limits, write "RURAL")
(d) Street No. 3½ MI N.E. POPLAR BLUFF MO
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME LUCY ELLEN MICHELLE

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 PHILLIP HENRY MICHELLE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOV (Month) 15 (Day) 1862 (Year)

8. AGE: Years 78 Months 2 Days 24 If less than one day hr. min.

9. Birthplace RICHLAND (City, town, or county) O MO (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business —
FATHER
12. Name MARTIN SMITHERS
13. Birthplace RICHLAND (City, town, or county) O MO (State or foreign country)
MOTHER
14. Maiden name LINDA SMITH
15. Birthplace JAMESTOWN (City, town, or county) / OHIO (State or foreign country)
16. (a) Informant Chas Wm Michelle
(b) Address RFD #3, Poplar Bluff MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Feb (Month) 10 (Day) 1941 (Year)
(c) Place: burial or cremation City Cem.
18. (a) Signature of funeral director N.T. Phelps
(b) Address Poplar Bluff MO
19. (a) 2/22/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 9
year 1941 hour minute A.M.
21. I hereby certify that I attended the deceased from 2-8, 1941, to 2-9, 1941;
that I last saw her alive on 2-10, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock, Secondary	1 hour
Due to: Burns 1st, 2nd and 3rd degree of trunk, legs + perineum	15 hours
Due to:	
Other conditions (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 2-8-41
(c) Where did injury occur? RFD #3 Poplar Bluff (City or town) Butler (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) / LO
While at work? (e) Means of injury Burn

23. Signature C. Porter (M. D. or other) C.M.D.
Address Poplar Bluff MO Date signed 2-13-41

(Licensed Embalmer's Statement on Reverse Side)

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. ~~3231~~

working under my personal supervision.

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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