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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6415**

MAR 14 1941
Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **114**

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **45 year**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BUTLER MO**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **Highway 60 - 2 1/2 miles west**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **1** years.

3. (a) PRINT FULL NAME **Ben Lee Humphries**

3. (b) If veteran, name war **World War** 3. (c) Social Security No. **494-05-5895**

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

6. (b) Name of husband or wife **Jessie Humphries** 6. (c) Age of husband or wife if alive **44 years**

7. Birth date of deceased **Dec 30 1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 2 2 hr. min.

9. Birthplace **Butler MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck driver**

11. Industry or business **Lumber Co**

12. Name **Grade Flecker Humphries**

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

14. Maiden name **Thelie Bankert**

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

16. (a) Informant **Mrs Ben Humphries**

(b) Address **Poplar Bluff Mo**

17. (a) **Burial** (b) Date thereof **3/4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **both**

18. (a) Signature of funeral director **Frank Mortuary**

(b) Address **Poplar Bluff Mo**

19. (a) **3/5/41** (b) **Kate Lutz**
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **2**
year **1941** hour **7** minute **30 A.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 **Deep Surgical Shock** Duration _____

Due to **Multiple fractures hip and Ankle**

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) **accident**

(b) Date of occurrence **Mar 2-1941 Ill**

(c) Where did injury occur? **near Cambell Mo**
(City or town) (County) (State)

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

While at work? **no** (Specify type of place) (e) Means of injury **head on car accident**

23. Signature **Ch Porter MD** (M. D. or other) **(1)**

Address **Poplar Bluff Mo** Date signed **3-3-41**

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

rec report

MAY 6 1948

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

George W. Green

Licensed Embalmer No.

2964

P. O. Address

Poplar Bluff, Mo.

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, above space should be left blank.