S. No. 2
-11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10188

APR 10 1941

Registration District No. 9 | Primary Registration District No. 3007 | Registrar's No. 149

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

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~MISSOURI~~ ARKANSAS (b) County SHARP
(c) City or town STUART (If outside city or town limits, write "RURAL")
(d) Street No. / (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

999
03
0

3. (a) PRINT FULL NAME LEE Roy POGUE
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased MARCH (Month) 30 (Day) 1941 (Year)
8. AGE: Years ____ Months ____ Days ____ If less than one day 5 hr. 40 min.
9. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
FATHER 12. Name AMOS LEE POGUE
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name DOLLIE MAE ROGERS
15. Birthplace KINGS MILL / ARKANSAS (City, town, or county) (State or foreign country)
16. (a) Informant MRS. DOLLIE MAE POGUE
(b) Address STUART, ARKANSAS
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 31, 1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ PARAGOULD ARK.
18. (a) Signature of funeral director None
(b) Address ____
19. (a) 4/5/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30 year 1941 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him alive on MARCH 30, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death ____ Duration
Premature Birth (Approximately 7 months)
Due to ____
Baby was born by Cesarean Section — Resuscitation difficult
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 ____
(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 C H Porter M.D. (M. D. or other)
Address Poplar Bluff, Mo. Date signed 4-4-41

(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.....

working under my personal supervision:

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.