

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21241

State File No.

Registration District No.

Primary Registration District No. 3007

Registrar's No. 249

12
7
3

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: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

(c) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL")

(d) Street No. 108 HENRY ST _____ (If rural, give location)

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

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3. (a) PRINT FULL NAME CAROL JEAN THOMPSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 20 year 1941 hour 7 minute 15 A. M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT. 29 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 19 1941, to June 20 1941, that I last saw her alive on June 20 1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

8 22 _____ hr. _____ min.

Immediate cause of death Acute Enterocolitis with diarrhea 10 day

9. Birthplace POPLAR BLUFF MO
(City, town, or county) (State or foreign country)

Due to _____

Due to HAZ

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

Major findings: _____
Of operations _____

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name LOYD E THOMPSON

13. Birthplace POPLAR BLUFF MO
(City, town, or county) (State or foreign country)

14. Maiden name JULIA ANN ARMES

15. Birthplace POPLAR BLUFF MO
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Lloyd E Thompson

(b) Address Poplar Bluff Mo

17. (a) Burial (b) Date thereof JUNE 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation city cem

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

23. Signature A. F. Brothman M.D. (M. D. or other) _____
Address Poplar Bluff Date signed 6-21-41

18. (a) Signature of funeral director N. S. Phelps 85

(b) Address Poplar Bluff Mo

19. (a) 6/21/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 2

District File Number 741-84

Date Filed 7/10/41

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.....

Papayan Bluff

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, fact should be so stated above.