DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1942

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6049

Primary Registration District No. 3007

Registrar's No. 48

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: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: About two years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 12

(c) City or town: Poplar Bluff 4
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 3
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) 1

If yes, name country ____

3. (a) PRINT FULL NAME: Mariah Bell Lankford

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: Spotswood E. Lankford

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: July 11, 1855 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	7	1	____ hr. ____ min.

9. Birthplace: Warren Co. (City, town, or county) Ky (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: 9

FATHER
12. Name: No Record
13. Birthplace: No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: No Record (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. O. D. Johnson
(b) Address: Poplar Bluff, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Dexter Cemetery

18. (a) Signature of funeral director: Blankenship-Strickland
(b) Address: Dexter, Mo.

19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1942 hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan. 25 1942 to Feb. 12 1942 that I last saw him alive on Feb. 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia — Duration: 4 days

Due to: senility

Due to: ____

Other conditions (Include pregnancy within 3 months of death): 10

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: 5

23. Signature: Leo Lansdell (M. D. or other) MD
Address: Poplar Bluff, Mo. Date signed: 2-14-42

72 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 342-284
Date Filed 3-2-42

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.....

Not Embalmed....., 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 with the above constitutes grounds for revocation of license.)

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

. S. No. 2B
DM—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 6049

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

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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mariah B. Lankford
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July (Month) 11 (Day) 1855 (Year)
8. AGE: Years 86 Months 7 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 2-14-42 (Date received local registrar) (b) Belle Tinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day year 1942 hour minute 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.

	Duration
Immediate cause of death	
Due to	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY