

S. No. 2
4-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1710**
Registrar's No. **21**

FILED FEB 5 1943
Registration District No. **42**

Primary Registration District No. **2007**

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

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff**

(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 **1 day** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **Parents**

(a) State **Missouri** (b) County **Butler**

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

(d) Street No. **332 N. Front St.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Matt Lewis, Jr.**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

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

6. (b) Name of husband or wife **0** 6. (c) Age of husband or wife if alive **0** years

7. Birth date of deceased **January 14, 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day **7 hr. 25 min.**

9. Birthplace **Poplar Bluff Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business **0**

MOTHER FATHER

12. Name **Matt Lewis**

13. Birthplace **Indianapolis, Ind.** (State or foreign country)

14. Maiden name **Ganovia Tibbs**

15. Birthplace **Poplar Bluff, Mo.** (State or foreign country)

16. (a) Informant **Matt Lewis**

(b) Address **332 Front St., Poplar Bluff, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 16, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Ash Hill, Missouri Greer Croy Service**

18. (a) Signature of funeral director **0**

(b) Address **Poplar Bluff, Missouri**

19. (a) **1-16-43** (Date received local registrar) (b) **Belle Skinner** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **14** year **1943** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Jan 14** 19**43** to **Jan 14** 19**43**

that I last saw him alive on **Jan 14** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia secondary to enteric fever**

Due to **0**

Due to **1572**

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

Major findings: Of operations **amp**

Of autopsy **amp**

Duration

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) **0**

(b) Date of occurrence **0**

(c) Where did injury occur? (City or town) (County) (State) **0**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

While at work? (Specify type of play) (e) Means of injury **0**

23. Signature **0** (M. D. or other)

Address **Poplar Bluff, Mo** Date signed **0**

RECEIVED

District Health Office No. 2

District File Number 242-137

Date Filed 2-3-43

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.