S. No. 2
M—5-42
5-17-39
X32873

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

17454

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. .....

FILED JUN 4 1943

Registration District No. 72 Primary Registration District No. 3007 Registrar's No. 152

**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 MO
(If outside city or town limits, write "RURAL")

(d) Street No. FRANKLIN ST
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CLARICE ELLEN LUTTRELL

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

4. Sex FEMALE 1 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 APRIL (Month) 22 (Day) 1943 (Year)

8. AGE: Years | Months | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace POPLAR BLUFF MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name THEODORE ROSEVELT LUTTRELL
13. Birthplace STODDARD (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name MAUDIE ZOLLMAN
15. Birthplace BOLLINGER CO (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Theodore R. Luttrell
(b) Address Poplar Bluff MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 4 (Day) 1943 (Year)
(c) Place: burial or cremation CO FARM

18. (a) Signature of funeral director N. T. Phelps
(b) Address Poplar Bluff MO

19. (a) 5-15-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month MAY day 4 year 1943 hour 4 minute P M.

21. I hereby certify that I attended the deceased from May 3, 1943, to May 4, 1943; that I last saw her alive on May 4, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Branch Pneumonia — Duration 3 days

Due to Bottle baby and lack of efficient care.

Due to

Other conditions (Include pregnancy within 3 months of death) 107

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 0

23. Signature [illegible] (M. D. or other)

Address Poplar Bluff MO Date signed 5/13/43

92 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 643-204
Date Filed 6-1-43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H. T. Phelps

Licensed Embalmer No. 3231

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, fact should be so stated above.**