S. No. 2
M—5-42
v. 5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20923

State File No.

Registration District No. 43 Primary Registration District No. 32 1 Registrar's No.

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 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 min. (Specify whether years, months or days)
In this community Lifetime Campbell Community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Dunklin
(c) City or town Campbell "Rural" 3
(If outside city or town limits, write "RURAL")
(d) Street No. Four Mile Hill 25
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME Lew Fleming
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
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 27 (Day) 1863 (Year)

8. AGE: Years 79 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business —
FATHER
12. Name John McMahan
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Rebecca Ann Barnett
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Roy Fleming Son
(b) Address Campbell Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Four Mile
18. (a) Signature of funeral director Landon Funeral H.
(b) Address Campbell Mo.
19. (a) 6-4-43 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1943 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from 5-24 1943, to 5-28-43 1943; that I last saw her alive on 5-28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Concussion & contusion of brain & fractured skull — Duration
Due to Struck by automobile
Due to
Other conditions (Include pregnancy within 3 months of death) None
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) Accident D 35
(b) Date of occurrence 5-28-43
(c) Where did injury occur? Campbell (City or town) Dunklin (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)
While at work? (e) Means of injury
23. Signature W. Henderson (M. D. or other)
Address Poplar Bluff Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 643-844
Date Filed 6-17-43

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.