

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24521

FILED JUL 24 1943

Registration District No. 12

Primary Registration District No. 3007

Registrar's No. 192

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

372

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 minutes
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 12
(a) State Missouri (b) County Butler 7
(c) City or town Poplar Bluff 3
(If outside city or town limits, write "RURAL.")
(d) Street No. S. Wilson Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Lucy Mae Tomlinson

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, Single

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

7. Birth date of deceased July 22, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>—</u>	<u>10</u>	<u>27</u>	hr. min.

9. Birthplace Piedmont Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name Moan Tomlinson

13. Birthplace Graniteville, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Prattie Marie Hueft

15. Birthplace Reynolds County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Moan Tomlinson

(b) Address S. Wilson St., Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 6-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ellington Mrs Greer Coy Funeral Serv.

18. (a) Signature of funeral director Greer Coy Funeral Serv.

(b) Address Poplar Bluff, Missouri

19. (a) 6-23-43 (b) Belee Hanne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 19
year 1943 hour 1:30 minute..... P. M.

21. I hereby certify that I attended the deceased from 6/14, 1943 to 6-14, 1943
that I last saw her alive on 6-14, 1943
and that death occurred on the date and hour stated above

Immediate cause of death Whooping Cough

Due to.....
Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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?.....

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

23. Signature CC Poplar (M. D. or other)
Address Poplar Bluff, Mo Date signed 6/21/43

Physician Duffon
Underline the cause to which death should be charged statistically.

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RECEIVED

District Health Office No. 2,

District File Number 443-907

Date Filed 7-19-48

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.....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, Missouri

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.