

S. No. 2
1-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27803
Registrar's No. 268

FILED SEP 14 1943

Registration District No. 2007

Primary Registration District No. 2007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(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

3. (a) PRINT FULL NAME Lemuel Nallée Lankford

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 10, 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Barber

11. Industry or business Barbing

MOTHER FATHER { 12. Name Spot E. Lankford
13. Birthplace Warren Co. Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Marian Ironspiger
15. Birthplace Warren Co. Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Hallie Johnson
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof Aug. 28, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hagy, Dexter, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser

(b) Address Dexter, Mo.

19. (a) 9-1-43 (b) Belle Risme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day Aug.
year 1943 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 17, 1941 to Aug 26, 1943
that I last saw him alive on June 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Spinal Caries

Due to 20. Bis sine Pathol

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____
(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) (c) Means of injury _____

23. Signature J. Deet, M.D. Date signed 9/1/43
Address Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,

District File Number 943-1192

Date Filed 9-13-43

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.....

Walter Albritton

Licensed Embalmer No. 4210

P. O. Address S. State 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.