

FILED JAN 9 1945

State File No. _____

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 394

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff - Rural 9
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Charles H. Luttrell

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1944 hour 1:30 minute _____ P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 25, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-5-1944 to 12-7-1944
that I last saw him alive on 12-7-1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>12</u>	hr. _____ min.

Immediate cause of death
Pneumonia

Due to by an infectious offender

Due to _____

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

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

10. Usual occupation Retired Farmer

Major findings:
Of operations Disrupted gapes
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Perry Luttrell
(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 12-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mole Mill Cemetery

18. (a) Signature of funeral director Greer Croy
(b) Address Poplar Bluff, Mo.

19. (a) 12-14-44 (b) Walter Thieme
(Date received local registrar) (Registrar's signature)

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 W. H. Hume (M. D. or other) _____
Address Poplar Bluff, Mo. Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 145-37

Date Filed 1-5-45

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 Wallace M. Fitch

Licensed Embalmer No. 3859

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.