

S. No. 2
OM-542
Ev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 9 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40755

Registration District No. 42

Primary Registration District No. 2007

Registrar's No. 400

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: Lucy Wee Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 19 days
(Specify whether)

In this community 3-11-7 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Butler ¹²

(c) City or town. Rural Rt. 5 - Poplar Bluff ⁰
(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 _____

3. (a) PRINT FULL NAME Jimmie Roach

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. - 1

6. (b) Name of husband or wife _____

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

7. Birth date of deceased. Jan. 13 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>2</u>	<u>11</u>	<u>7</u>	hr. _____ min.

9. Birthplace. Poplar Bluff, Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name. LYMAN ROACH

13. Birthplace. (near) Piedmont Mo. U
(City, town, or county) (State or foreign country)

14. Maiden name. Lucille William son

15. Birthplace. FISK Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant. Lyman Roach

(b) Address. Poplar Bluff, Mo.

17. (a) Buried (b) Date thereof. 12-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. ASHCROFT CEMETRY

18. (a) Signature of funeral director. Blacke Mortuary

(b) Address. Cornings Park

19. (a) 12-23-44 (b) Willie Dinn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Dec day. 20
year. 1944 hour. 6:30 minute. A M.

21. I hereby certify that I attended the deceased from Dec. 19
1944 to Dec. 20 1944
that I last saw him alive on Dec. 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary lobar pneumonia Duration 2 days

Due to _____

Due to _____

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

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? _____

White at work? _____ (Specify type of place)

(c) Means of injury. _____

23. Signature. W. J. Greer (M. D. or other) _____

Address. Poplar Bluff, Mo. Date signed 12/30/44

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

1273

RECEIVED
District Health Office No. 2,
District File Number 145-31
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.....

Florence A. Beary....., Registered Apprentice No. 372
working under my personal supervision.

Signed H. G. McInab.....

Licensed Embalmer No. 3712

P. O. Address Parkenton, Ark.

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.