

S. No. 2
OM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1965

State File No. _____

JUL 10 1945

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 176

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

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" add name of township)
(c) Name of hospital or institution:
Lucklee Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler 12
(c) City or town Poplar Bluff, Mo. 10
(If outside city or town limits, write "RURAL")
(d) Street No. Road # Bradley 11
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Luellen Peters

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Female

5. Color or race colored

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 14 1879
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>66</u> | <u>3</u> | <u>2</u> | hr. _____ min. _____ |

9. Birthplace Memphis Tenn. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Amon Webb

13. Birthplace unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown 4

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

16. (a) Informant Ester Harkin

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof June 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo. Morcello

18. (a) Signature of funeral director Frank Catell
(b) Address Poplar Bluff, Mo.

19. (a) 6-25-45 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1945 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 13 1945 to June 16 1945
that I last saw him alive on June 16 1945
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|----------------------------|---------------|
| <u>Pneumonia</u> | <u>3 da.</u> |
| <u>Septicemia</u> | <u>7 da.</u> |
| <u>Scratch on rt. hand</u> | <u>10 da.</u> |

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

Major findings:
Of operations 240
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) Scatched off hand
(b) Date of occurrence about June 6, 1945
(c) Where did injury occur? Poplar Bluff Butler Mo
(City or town) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address Poplar Bluff, Mo. Date signed 6/22/45

RECEIVED

District Health Office No. 2

District File Number

Date Filed

745-899
7-6-45

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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

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.