V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23564

State File No.

Registration District No. 42 Primary Registration District No. 5143 Registrar's No. 198

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town RURAL - Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HIGHWAY #60 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUTLER 17

(c) City or town POPLAR BLUFF 7 (If outside city or town limits, write "RURAL")

(d) Street No. 3 (If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLARD LASHLEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race White

6. (a) Single, widowed, married, divorced SINGLE 5

6. (b) Name of husband or wife

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

7. Birth date of deceased OCT (Month) 10 (Day) 1926 (Year)

8. AGE: Years 18 Months 9 Days If less than one day hr. min.

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

10. Usual occupation odd Jobs

11. Industry or business

FATHER 12. Name FELIX LASHLEY

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

MOTHER 14. Maiden name POLLY DOBBS

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

16. (a) Informant FELIX LASHLEY

(b) Address POPLAR BLUFF, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-13-45 (Month) (Day) (Year)

(c) Place: burial or cremation Vale Cem. Lisk Mo.

18. (a) Signature of funeral director Frank Cotrell

(b) Address POPLAR BLUFF, MO.

19. (a) 7-18-45 (Date received local registrar) (b) Belle Kirne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 10 year 1945 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Hemorrhage Fractured Ribs Lacerated lungs

Due to Hit and run over by automobile on public Highway

Due to accidental

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) ACCIDENT 12

(b) Date of occurrence JULY 10, 1945

(c) Where did injury occur? (City or town) BUTLER (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? HIGHWAY (Specify type of place)

While at work? NO (e) Means of injury AUTOMOBILE

23. Signature Grover W Greer Coroner (Coroner)

Address Poplar Bluff Mo. Date signed 7/18/45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 845-997
Date Filed 8-1-45

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 George W Green
Licensed Embalmer No. 2964
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.