. S. No. 2
0M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36722

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 332

1. PLACE OF DEATH:
(a) County BUTLER
(b) City or town RURAL Poplar Bluff Twp
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community 49 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County BUTLER
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 6 MI SO POPLAR BLUFF
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDITH HUMPHRIES
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JESS HUMPHRIES
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased OCT (Month) 25 (Day) 1896 (Year)

8. AGE: Years 49 Months — Days 21 If less than one day hr. min.

9. Birthplace BUTLER CO. (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER
12. Name WILLIAM LYNN
13. Birthplace PADUCAH (City, town, or county) KY (State or foreign country)
MOTHER
14. Maiden name CELIA WITHERS
15. Birthplace OAKLAND CITY (City, town, or county) IND (State or foreign country)
16. (a) Informant Jess Humphries
(b) Address RFD 5 Poplar Bluff Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation BLACK CREEK CEM
18. (a) Signature of funeral director J. T. Phelps
(b) Address Poplar Bluff Mo
19. (a) 11-20-45 (Date received local registrar) (b) A H Mueller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 16 year 1945 hour 3 minute 3 P. 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.

Duration

Immediate cause of death Appoplexy
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature George W Greer Coroner (M. D.)
Address Poplar Bluff Mo Date signed 11-20-45

142 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1145-3322
Date Filed 11-30-45

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 N. T. Phelps

Licensed Embalmer No. 3231

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.