S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1946

State File No. 4741

Registration District No. 4

Primary Registration District No. 3007

Registrar's No. 62

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

(d) Length of stay: In hospital or institution ..... (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 RURAL – POPLAR BLUFF TWP. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2½ MI SW. POPLAR BLUFF 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME LENA ALICE THOMPSON

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased JAN. (Month) 7 (Day) 1891 (Year)

8. AGE: Years 55 | Months 1 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace RAYMOND CO (City, town, or county) ARK (State or foreign country) 1

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name CHARLES E. HAYNES
13. Birthplace LOUISVILLE (City, town, or county) KY (State or foreign country) 1

MOTHER
14. Maiden name CYNTHIA L. BISWELL
15. Birthplace CENTRALIA (City, town, or county) ILL (State or foreign country) 1

16. (a) Informant Mrs Florence Massey
(b) Address 3617 Folsom ave St Louis Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB (Month) 17 (Day) 1946 (Year)
(c) Place: burial or cremation CITY CEM.

18. (a) Signature of funeral director [illegible]
(b) Address Poplar Bluff Mo

19. (a) 2/21/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 14 year 1946 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Feb 6, 1946, to Feb. 14 – 1946 that I last saw her alive on Feb. 14, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	8 days
Due to Concussion	8 days
Due to Auto accident	8 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 17 OCT 8
Of autopsy 28

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 2-6-46
(c) Where did injury occur? Highway (City or town) Butler (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway (Specify type of place)
While at work? [illegible] (e) Means of injury Auto accident

23. Signature [illegible] (M. D. or other)
Address Poplar Bluff, Mo Date signed 2/17/46

SJ – (Licensed Embalmer's Statement on Reverse Side) Car Left road + Call with (Fed)

RECEIVED
District Health Office No. 2,
District File Number 246-221
Date Filed 2/25/46

MAR 4 1946

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 K. T. Shelfer

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.