F. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19619

FILED JUN 20 1946

Registration District No. _____ Primary Registration District No. 3007 Registrar's No. 285

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Delivery
(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: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No.: General Delivery
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Si Lester Luttrull
3. (b) If veteran, name war _____
3. (c) Social Security No. _____
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: May (Month) 8 (Day) 1946 (Year)
8. AGE: Years _____ Months _____ Days 23 If less than one day _____ hr. _____ min.
9. Birthplace: Poplar Bluff (City, town, or county) Mo. (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
FATHER 12. Name: Esco Luttrull
13. Birthplace: Sikeston (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Lucille Howard
15. Birthplace: Butler Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Esco Luttrull
(b) Address: Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mole Hill
18. (a) Signature of funeral director: Greer Croy & Fitch
(b) Address: Poplar Bluff, Mo.
19. (a) 6/4/46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1946 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from May 8, 1946, 1946, to May 31, 1946, that I last saw him alive on May 31, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
7½ mon. premature.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature: [illegible] (M. D.)
Address: Poplar Bluff, Mo. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

3 J

RECEIVED
District Health Office No. 2
District File Number 646-706
Date Filed 6-6-46

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. Not Embalmed

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.