

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 I X36671

16676

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED JUN 2 1947  
 THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
 Registrar's No. 270

Registration District No. 43 Primary Registration District No. 5137

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:  
Black River in City Limits  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 2 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Butler 12  
 (c) City or town Poplar Bluff 7  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 815 No. D St. 3  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Howard Lee  
 3. (b) If veteran, name war World War # 2  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 18th (18)  
 year 1947 hour 4 minute 15 P.M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 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 December 17th 1925  
 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Asphyxiation  
 Due to drowning while swimming  
 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.

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>5</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Poplar Bluff Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business Garage

MOTHER FATHER

12. Name John Lee

13. Birthplace Butler County Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Grace Copeland

15. Birthplace Raynolds County Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Lee

(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof 5-20-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillman Cemetery

18. (a) Signature of funeral director Frank Cotrell Chapel

(b) Address 412 Vine St. Poplar Bluff, Mo.

19. (a) 5/22/47 (b) R. H. Nettee  
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident 128  
 (b) Date of occurrence May 18-1947  
 (c) Where did injury occur? Poplar Bluff Butler Mo  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Swimming Stream  
 (Specify type of place)  
 While at work? No (e) Means of injury Drowning  
 Signature Yvonne W. Greer Covered 3  
 Address Poplar Bluff Mo Date signed 5/20-47

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

RECEIVED

District Health Officer No. 2  
District File Number 547-776  
Case filed 5-27-47

FEB 13 1958

JUN 3 1947

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 *John Clark*

Licensed Embalmer No. *4716*

P. O. Address *Poplar Bluff*

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.