

No. 2
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5-17-39
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U.S. DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED JUL 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20207
Registrar's No. 256

Registration District No. 49 Primary Registration District No. 3007

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: Poplar Bluff Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas Edward Lashley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 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 20, 1932
(Month) (Day) (Year)

8. AGE: Years 15 Months 1 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Cuba (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Student

MOTHER FATHER

11. Industry or business _____
12. Name Earl E. Lashley
13. Birthplace Reynolds Co., Mo. (City, town, or county) (State or foreign country)
14. Maiden name Pearlena Thompson
15. Birthplace Shannon Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Earl E. Lashley
(b) Address Eminence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan Cem. Ratt, Mo.

18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo.
19. (a) 7-1-47 (Date received local registrar) (b) R. W. Nemette (Registrar's signature) 25

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26 year 1947 hour 4:45 minute A.
21. I hereby certify that I attended the deceased from June 26, 1947 to June 26, 1947
that I last saw him alive on June 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acidosis
Due to Diabetes Mellitus
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy 1

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 Harold O. Nemick (M. D. or other) M.D.
Address Poplar Bluff, Mo. Date signed 6-27-47

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

RECEIVED

District Health Office No. 2_v

District File Number 747-931

Date Filed 7-3-42

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.....

Scott A. Salter

Licensed Embalmer No. 3567

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.