

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29011**
Registrar's No. **300**

FILED SEP 21 1948

Registration District No. **43** Primary Registration District No. **3007**

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

1. PLACE OF DEATH:

(a) County **Sutler**

(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 *U*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 da**
(Specify whether years, months or days)

In this community **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sutler** *12*

(c) City or town **Poplar Bluff** *3*
(If outside city or town limits, write "RURAL") *0*

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Michael Lynn Schalk**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** *0* 5. Color or race **W**

6. (a) Single, widowed, married, divorced **0**

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

7. Birth date of deceased: **9/7/48**
(Month) (Day) (Year)

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

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

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER { 12. Name **Roy Jacob Schalk**

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

14. Maiden name **Dollie Lee Lashley**
(City, town, or county) (State or foreign country)

15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Schalk**

(b) Address **Poplar Bluff, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/8/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Poplar Bluff, Mo.**

18. (a) Signature of funeral director **Greer Croy & Fitch**

(b) Address **Poplar Bluff, Mo.**

19. (a) **9/14/48** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8**
year **1948** hour **10** minute **P** M.

21. I hereby certify that I attended the deceased from **Sept 10**, 19**48**, to **Sept 10**, 19**48**
that I last saw him **im** alive on **Sept 10**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Dehydration** Duration _____

Due to **cardiac failure**

Due to **congenital heart defect, Arteriosclerosis**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ *15*
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) *0*
While at work? _____ (e) Means of injury _____

Signature *[Signature]* (M.D. or other) **MD**
Address **Poplar Bluff, Mo.** Date signed _____

RECEIVED
District Health Office No. 2,
District File Number 948-1127
Date Filed 9-20-48

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.

Not Embalmed

Signed.....

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.