

SEP 16 1940
Registration District No. 89Primary Registration District No. 3007Registrar's No. 264

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: 23
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community life years, months or days)

3. (a) PRINT FULL NAME Lucetta Carter 6363. (b) If veteran, name war infant 3. (c) Social Security No. _____4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased August 16 1940
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day.
12 hr. min.9. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)10. Usual occupation infant

11. Industry or business _____

12. Name Bernard Carter13. Birthplace Arkansas
(City, town, or county) (State or foreign country)14. Maiden name Dereatha Hankins15. Birthplace Arkansas
(City, town, or county) (State or foreign country)16. (a) Informant Dereatha Carter(b) Address Davis St, Poplar Bluff17. (a) burial (b) Date thereof Aug. 29
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation City
Greer Croy Funeral S

18. (a) Signature of funeral director _____

(b) Address Poplar Bluff, Mo. 9019. (a) 8-30-40 Oboltinger
(Date received local registrar) (Registrar's signature)

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. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28
year 1940 hour 10 minute 30 P.M.21. I hereby certify that I attended the deceased from Aug 27, 1940, to _____, 19____;
that I last saw her alive on 5 P.M. Aug - 28, 1940; and that death occurred on the date and hour stated above.Immediate cause of death Bronchopneumonia
Pneumonia 107W 10 daysDue to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Arthur P. Roy (M. D. or other) _____
Address Poplar Bluff Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Rankins - 29.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.