No. 2
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17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 15 1940

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5131

State File No. 34923

Registrar's No. 305

1. PLACE OF DEATH:

(a) County Butler Mo

(b) ~~City or town~~ Poplar Bluff Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ark (b) County

(c) City or town McCrory Ark
(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.

3. (a) PRINT FULL NAME Estella E. Spinks

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm Spinks

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

7. Birth date of deceased Jan. (Month) 25 (Day) 1891 (Year)

8. AGE: Years 49 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Bolten Miss. (City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business

FATHER
12. Name Edd. Land
13. Birthplace Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosa Bonner
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Walker
(b) Address 610 Elm st New Port Ark

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10/2-40 (Month) (Day) (Year)
(c) Place: burial or cremation New Port Ark

18. (a) Signature of funeral director Phillips & Son
(b) Address New Port Ark.

19. (a) 10/3/40 (Date received local registrar) (b) Oblutsinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 40 hour 1030 minute P. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture skull

~~Due to~~ Laceration face
Head and arms

Due to automobile leaving hiway on curve going into ditch

~~Other conditions~~ No other can involved
(Include pregnancy within 3 months of death)

Major findings:
Of operations 210 M
Of autopsy no

Duration

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) accident
(b) Date of occurrence Sept 29-1940
(c) Where did injury occur? Near Wayne Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
80 Public hiway #67 (Specify type of place)
While at work? no (e) Means of injury auto accident

23. Signature Grover W Greer (M. D. or other) Coroner
Address Poplar Bluff Date signed 10/8-40

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

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