

STANDARD CERTIFICATE OF DEATH

State File No. 24509

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 222

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: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 28 years  
years, months or days)

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. 537 Poplar street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lee Washington Polk

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1943 hour 10:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 7-7, 1943 to 7-8, 1943  
that I last saw him alive on 7-8, 1943  
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, Married

6. (b) Name of husband or wife. Ida Polk

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased. April 25, 1880  
(Month) (Day) (Year)

Immediate cause of death. le rebul thromboge  
arteria sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. gju  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

63 2 13 hr. \_\_\_\_\_ min.

9. Birthplace. Wilson County Tennessee  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations. none

Of autopsy. none

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation. Clothing Salesman

11. Industry or business. Retail Shop

MOTHER FATHER { 12. Name James B. Polk

{ 13. Birthplace. Tennessee  
(City, town, or county) (State or foreign country)

{ 14. Maiden name. Sarah Shearon

{ 15. Birthplace. Tennessee  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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) Manner of injury \_\_\_\_\_

23. Signature J. M. Houghton (M. D. or other) \_\_\_\_\_  
Address Poplar bluff Mo Date signed \_\_\_\_\_

16. (a) Informant Mrs. Inez Walker

(b) Address 537 Poplar, Poplar Bluff, Mo.

17. (a) burial removal (b) Date thereof 7-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paducah, Kentucky

18. (a) Signature of funeral director Greer Gray Funeral Serv.

(b) Address Poplar Bluff, Missouri

19. (a) 7-10-43 (b) Belle Minnie  
(Date received local registrar) (Registrar's signature)

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

323

92

RECEIVED

District Health Office No. 2,

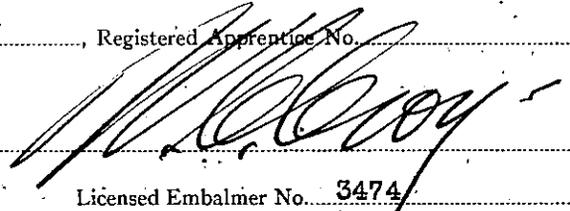
District File Number 243-962

Date Filed 7-23-73

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**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. 3474

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.**