. S. No. 2
0M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15886

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 167

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: 602 NORTH G. ST. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community 8 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. 602 NORTH G. ST. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME LESTER E. RAMBO
3. (b) If veteran, name war WORLD WAR #2
3. (c) Social Security No. ____
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BETTY LEE RAINS
6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased JULY (Month) 7 (Day) 1923 (Year)

8. AGE: Years 22 Months 10 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace BROSLEY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation TRUCK DRIVER
11. Industry or business TRUCKING
FATHER
12. Name SIDNEY A. RAMBO
13. Birthplace ROME (City, town, or county) GEORGIA (State or foreign country)
MOTHER
14. Maiden name ETHYL CATO
15. Birthplace BROSLEY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS BETTY L. RAMBO
(b) Address POPLAR BLUFF, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation SHILO CEMETERY
18. (a) Signature of funeral director FRANK-COTRELL CHAPEL
(b) Address POPLAR BLUFF MO
19. (a) 5/13/46 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11 year 1946 hour 10 minute 45 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 — Duration
Asphyxiation
Due to Burning of house while asleep
Due to ____
Other conditions Burns over entire body
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
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) accident
(b) Date of occurrence May 11-1946 12:8
(c) Where did injury occur? Poplar Bluff (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury Burn by fire
23. Signature Grover W. Greer M.D. Coroner
Address Poplar Bluff Mo Date signed 5-13-46

(Licensed Embalmer's Statement on Reverse Side)

35

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

2
7
3

14778

RECEIVED
District Health Office No. 2,
District File Number 546-651
Date Filed 5-30-46

DEC 29 1949

JUL 23 1945

FEB 25 1947

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
Mo Embalm., Registered Apprentice No.,
working under my personal supervision.

Signed Howard G Rodgers

Licensed Embalmer No. 2386

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.