

Registration District No. **774** **FILED FEB 7 1940**
Mortality Registration District No. **6018B**

1. PLACE OF DEATH:
(a) County **St. Francois**
(b) City or town **Essex**
(c) Name of hospital or institution: **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days **5 1/4**

8. (a) PRINT FULL NAME **Jerry Lee Umfleet**
8. (b) If veteran, name war _____
8. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Umfleet, Robert E.**
6. (c) Age of husband or wife if alive **28** years
7. Birth date of deceased **Jan 2nd 1939**
(Month) (Day) (Year)

8. AGE: Yr. **1** Months **11** Days **21**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Merchant**

11. Industry or business **Merchant**

MOTHER FATHER { 12. Name **Ernest Edger Umfleet**
13. Birthplace **Essex Mo**
14. Maiden name **Worthy L. Umfleet**
15. Birthplace **Bonne Terre Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ernest Edger Umfleet**
(b) Address **Essex Mo**

17. (a) **Burial** (b) Date thereof **12-24-39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Bonne Terre Cemetery**

18. (a) Signature of funeral director **Calderwell Bros**
(b) Address **Flat River Mo**

19. (a) **12-24-39** (b) **O. Barragan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Francois**
(c) City or town **Essex**
(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 **Dec** day **23**
year **1939** hour **5** minute **30 P** M.
21. I hereby certify that I attended the deceased from **Dec 18**
1939, to **Dec 23**, 19**39**;
that I last saw him alive on **Dec 22**, 19**39**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Dysentery (Type unknown)**
Duration _____
Due to _____
Due to **13 C**

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

Major findings: _____
Of operations _____
Of autopsy **none**

22. If death was due to external causes, fill in the following:
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 **C. H. Humphrey** (M. D. or other) **MD**
Address **Flax River Mo** Date signed **22-25-39**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 19391

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.