

See also 15666-40  
11926

S. No. 2  
1-10-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 35

Registration District No. 651 Primary Registration District No. 4388

**I. PLACE OF DEATH:**  
(a) County Pemiscot  
(b) City or town Saruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
511 Walker Ave ✓  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Pemiscot  
(c) City or town Saruthersville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 511 Walker Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Elmer Hazel Wild  
**3. (b) If veteran,** name war X **3. (c) Social Security** No. X  
**4. Sex** Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Susie Hazel **6. (c) Age of husband or wife if alive** 58 years  
**7. Birth date of deceased** August - 3 - 1881  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month April day 9 year 1940 hour 3 minute 4 P. M.  
**21. I hereby certify that I attended the deceased from** April 1, 1938, to April 9, 1940;  
that I last saw him alive on April 8, 1940;  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 58 Months 8 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
**9. Birthplace** Crittendon City, Kentucky  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Farmer  
**11. Industry or business** Farming  
**MOTHER** { **12. Name** Jones B. Hazel  
**13. Birthplace** Union County, Tennessee  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Letha Moore  
**15. Birthplace** Crittendon City, Kentucky  
(City, town, or county) (State or foreign country)

Immediate cause of death Cardiac Insufficiency Duration 7 yrs.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 45 yrs  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
**PHYSICIAN** \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** Belbert Hazel  
**(b) Address** Bellville, Illinois  
**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** 4/11/40  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** Saruthersville, Mo  
**18. (a) Signature of funeral director** La. J. J. Co  
**(b) Address** Saruthersville, Mo.  
**19. (a) Date received local registrar** April 18, 40 **(b) Registrar's signature** Ada Martin

**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?** 585  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
**23. Signature** P. J. Quinn (M. D. or other) \_\_\_\_\_  
**Address** Saruthersville, Mo. **Date signed** 4-5-40

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

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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 \_\_\_\_\_

..... *By me* ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *J. W. Schaeffer*  
Licensed Embalmer No. *4086*  
P. O. Address *Conthsville, 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, above space should be left blank.**