

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 421Primary Registration District No. 4249Registrar's No. 98

1. PLACE OF DEATH:

(a) County 535 S. Adams. Jefferson
 (b) City or town Festus Mo. 11/17
 (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 yrs.
 years, months or days

3. (a) PRINT FULL NAME Alec Smith

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased March 15, 1874
 (Month) (Day) (Year)8. AGE: Years 66 Months 7 Days 0 If less than one day
 _____ hr. _____ min.9. Birthplace Festus (City, town, or county) MO (State or foreign country)10. Usual occupation Labor

11. Industry or business _____

12. Name Jack Smith

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

14. Maiden name Rachel White

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

16. (a) Informant Emma Bland(b) Address 535 So. Adams st.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-40
 (Month) (Day) (Year)(c) Place: burial or cremation Mt. Zion18. (a) Signature of funeral director Dement & Son.(b) Address 200 So Adams19. (a) 10/18/1940 (Date received local registrar) (b) E Rutledge (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Festus.
 (If outside city or town limit, write "RURAL")

(d) Street No. 535 So. Adams st.
 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
 year 1940 hour 11 minute 30 A.M.21. I hereby certify that I attended the deceased from Apr. 15, 1940
 _____, 19____ to Oct. 14, 1940
 that I last saw him in alive on Oct. 13, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death.

mitral insufficiency

Due to _____

Due to _____

Other conditions Chronic myocarditis
 (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____

382 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature B. Bolgar, M.D. (M. D. or other) _____Address Festus, Mo. Date signed 10/16/40

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 L. B. Mugh, Registered Apprentice No. 2127, working under my personal supervision.

Signed

Tommaso Boykin

Licensed Embalmer No. 294

P. O. Address St. Louis

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.