

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in Hospital
811 East Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 65 Years
years, months or days)

8. (a) PRINT FULL NAME ALICE MARY POLETE

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rome Polete 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 18, 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 1 If less than one day
hr. _____ min.

9. Birthplace Jefferson Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Castile

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

14. Maiden name Addie Reed

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

16. (a) Informant Beless Jensen

(b) Address 1344 Oregon St. Louis

17. (a) Burial (b) Date thereof Wed. July 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo. (Woodlawn)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) Aug 1 1941 Matthe Woods
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town DeSoto
(If outside city or town limits, write "RURAL")
(d) Street No. 811 East Main
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1941 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 10, 1938 to July 19, 1941
that I last saw her alive on July 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 24 hours

Due to General arterio-sclerosis years.

Due to _____

Other conditions: amputation left leg Apr. 1941
(Include pregnancy within 6 months of death)

for arterio-sclerotic changes. PHYSICIAN _____

Major findings: _____

Of operations: _____

Of autopsy: 99

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Marv. W. McKinstry (M. D. or other) (D)

Address DeSoto, Mo. Date signed 7/21/41

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

220

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

J. E. Nothushoe

Licensed Embalmer No.

3531

P. O. Address

Leato rd

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.