

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 667

Primary Registration District No. 4334

Registrar's No. 46

1. PLACE OF DEATH: Mississippi
 (a) County Mississippi
 (b) City or town East Prairie, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community 81 yrs.
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 12 miles S. E. of E. Prairie
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DANIEL W POLSTON
 (b) If veteran, name war None
 (c) Social Security No. None

20. DATE OF DEATH: Month Sept. day 1, year 1941 hour 6:35 minute 9 M.
 21. I hereby certify that I attended the deceased from Aug 31st 1941 to Sept 1st 1941, that I last saw him alive on Aug 31 1941, and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 27, 1860
 (Month) (Day) (Year)

Immediate cause of death Shock due to injury received by fall.
 Duration _____

8. AGE: Years 81 Months 2 Days 3 If less than one day hr. min.

Due to _____
 Due to _____

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

10. Usual occupation Farming

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown, Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant H. W. Polston
 (b) Address East Prairie, Mo. Rt. 2
 17. (a) Burial (b) Date thereof 9-2-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation W. O. W. Graves Shelby

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence accy 31st 1941
 (c) Where did injury occur? Steps of Church
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public place
 (Specify type of place) While at work? no (e) Means of injury Fall

18. (a) Signature of funeral director W. O. W. Graves Shelby
 (b) Address East Prairie Mo.
 19. (a) Sept 19-1941 (b) W. M. Hodges
 (Date received local registrar) (Registrar's signature)

23. Signature W. J. Martin (M. D. or other) _____
 Address East Prairie Date signed 9/10/41

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

2390

SEP 3 0 1941

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 *David Shelby*

Licensed Embalmer No. *2272*

P. O. Address *East Orange*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.