

No. 2
-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42574**

FILED JAN 22 1942

Registration District No. **607**

Primary Registration District No. **5806**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **New Madrid**
(c) Name of hospital or institution **Portageville**
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **New Madrid**
(c) City or town **Portageville Mo R 212**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ace Alexander Siner**
3. (b) If veteran, name war
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **30**
year **1941** hour **3 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **Dec., 28, 41** 19 to **Dec., 29, 41** 19
that I last saw him alive on **Dec., 29, 41** 19 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **white**
6. (a) Name of husband or wife **Bell Siner** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **3-15-1870**
(Month) (Day) (Year)

Immediate cause of death **mitral regurgitation**
inlets
Due to **Endocarditis**

8. AGE: Years **71** Months **9** Days **15** If less than one day hr. _____ min. _____
9. Birthplace **New Madrid Mo**
(City, town, or county) (State or foreign country)

Other conditions **None**
(Include pregnancy within 3 months of death)
Major findings: Of operations **92**
Of autopsy **No**

10. Usual occupation **Farmer**
11. Industry or business _____
12. Name **James Siner**
13. Birthplace **Portageville Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Etta Crabtree**
15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **James Siner**
(b) Address **Portageville Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 31 1941**
(Month) (Day) (Year)
(c) Place: burial or cremation **Portageville Mo**
18. (a) Signature of funeral director **Charles R. Smith**
(b) Address **Portageville Mo**
19. (a) **Dec 31 1941** (Date received local registrar) (b) **margin w. Cook** (Registrar's signature)

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 if not place) (City or town) (County) (State)
23. Signature **A. A. R...** (M. D. or other) _____
Address **Portageville, Mo.** Date signed **12/31/41**

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

RECEIVED

District Health Office No. 2,

District File Number 142-99

Date Filed 1-19-42

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..... *not*

Body was not embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed *James A. Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Caruthersville 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, fact should be so stated above.