

BUREAU OF THE CENSUS  
FILED AUG 14 1942

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston  
(If outside city or town limits, write "RURAL" and name of township)

(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 Left years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Sikeston  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Alonzo Smith

MEDICAL CERTIFICATION

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489\*18-5497

20. DATE OF DEATH: Month July day 19 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_ that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Myocarditis (alcoholic)

9. Birthplace Mo. 0  
(City, town or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 93e!

10. Usual occupation Labo

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Uhlen

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

14. Maiden name Uhlen

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

16. (a) Informant W. Carr

(b) Address Sikeston Mo.

17. (a) Burial (b) Date thereof July 21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worley Mo.

18. (a) Signature of funeral director Ellis Hume

(b) Address Sikeston Mo.

19. (a) 8-11-42 (b) T. B. Shogren  
(Date received local registrar) (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 type of place) (e) Means of injury \_\_\_\_\_

23. Signature Opale Rae

Address Draw Mo. Date signed 7/20/42

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

100  
5  
2

100  
5  
2

1039

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

RECEIVED

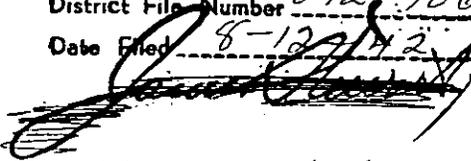
District Health Office No. 2

District File Number

842-1067

Date Filed

8-12-42



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, on July 19-

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Allen Ellis

Licensed Embalmer No. 4218

P. O. Address Algeston, W

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.