U. S. No. 2
OOM—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18618

FILED JUN 10 1943

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Pemiscot

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

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot 78

(c) City or town: Hayti (If outside city or town limits, write "RURAL") 2

(d) Street No. (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: Citizen of U.S.A.

3. (a) PRINT FULL NAME: Fred Elmore Teaster

3. (b) If veteran, name war: No.

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: ~~Howard Kemp~~ EDNA PARL

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: June 8, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
58	11	15	hr. min.

9. Birthplace: Hustburg, Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Engineer

11. Industry or business: as above

FATHER
12. Name: John Thomas Teaster
13. Birthplace: State of Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sarah Howard Kemp
15. Birthplace: Benton County, Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Pansy Tucker
(b) Address: Hayti, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Hayti, Mo.

18. (a) Signature of funeral director: J. L. LaForge
(b) Address: Caruthersville, Mo.

19. (a) May 27-43 (Date received local registrar) (b) George Muehlhardt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 23 year: 1943 hour: 3 minute: 30 p.m.

21. I hereby certify that I attended the deceased from April 26, 1943, to May 23, 1943, that I last saw him alive on May 23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Prostate

Due to: 5 Yr.

Due to:

Other conditions: Cancer of Prostate involving Bladder (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? — (e) Means of injury:

23. Signature: [illegible] M.D. (M. D. or other)

Address: Hayti, Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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

5-43:228

19

JAN 20 1947

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville, Missouri

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.