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FILED FEB 7 1944

Registration District No. **226**

Primary Registration District No. **4338**

Registrar's No. **3**

1. PLACE OF DEATH:
 (a) County Monroe
 (b) City or town Monroe City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
300 5th Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 50 Years

3. (a) PRINT FULL NAME Samuel Preston
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male **5. Color or race** Negro **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 August 10 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>4</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Day Laborer

MOTHER FATHER

11. Industry or business _____
12. Name William Preston
13. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant William Preston
(b) Address Monroe City Mo
17. (a) Burial **(b) Date thereof** 1/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Junes Monroe City

18. (a) Signature of funeral director John G. Sims
(b) Address Monroe City Mo
19. (a) 1-10-44 **(b)** Otis Hedberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Monroe
 (c) City or town Monroe City
(If outside city or town limits, write "RURAL")
 (d) Street No. 300 5th Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 8
 year 1944 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from April 23 1943 to January 8, 1944
 that I last saw him alive on Jan 4, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis
Duration 1 yr
Due to _____
Due to _____
Other conditions Bronchial Asthma **8 Mo**
(Include pregnancy within 3 months of death)
Major findings:
 Of operations 93d
 Of autopsy _____
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?
 While at work _____ (Specify type of place) Means of injury _____
23. Signature John G. Sims (M. D. number)
 Address Monroe City, Missouri Date signed 1/10/44

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

1124

RECEIVED

District Health Officer No. 10

District File Number 2-44-274

Date Filed FEB. 5 1944

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 *By me*

..... Registered Apprentice No.

working under my personal supervision.

Signed *L. L. Wilson*

Licensed Embalmer No. 3014

P. O. Address *Blount City, Tenn.*

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.