

FILED APR 6 1944
Registration District No. 227

Primary Registration District No. 4339

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

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town PARIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
E. MARION ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 YRS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE
(c) City or town PARIS
(If outside city or town limits, write "RURAL")
(d) Street No. E. MARION ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH WILLIAM INFIELD

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife TANNIE W. INFIELD 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased MAY 10, 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 6 If less than one day hr. min.

9. Birthplace KY 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name ALEX INFIELD

13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name MATILDA RONEY

15. Birthplace N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer A. Infield

(b) Address PARIS, MO

17. (a) BURIAL (b) Date thereof MAR. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PLEASANT HILL

18. (a) Signature of funeral director Speedor Slakey

(b) Address PARIS, MO.

19. (a) 3-18-44 (b) Magnus E. Garton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 16
year 1944 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from 5-7-38
to 3-16-44
that I last saw him alive on 3-16-44
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy Duration N.K.
arteriosclerosis, myocarditis
and hypertension.

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

Major findings: ✓
Of operations _____
Of autopsy _____

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) (c) Means of injury
23. Signature Nellis S. Christman M.D.
Address PARIS, MO. Date signed 3-17-44

RECEIVED

District Health Officer No. 10

District File Number 4-44-679

Date Filed APR 4 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

A. G. Blakey

Licensed Embalmer No. 72616

P. O. Address.....

PARIS, 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.