. No. 2
—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28175

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 266

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Esther (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94

(c) City or town Esther (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ganum Henry Umfleet

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race Caus.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Prudence Umfleet

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

7. Birth date of deceased March 9 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	5	10	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business ----

FATHER
12. Name Benjeman Umfleet
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizebeth Lairnia
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Everett Umfleet

(b) Address Esther, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-21-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mine La Motte Cemetery

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address 300 Taylor Ave, Flat River, Mo

19. (a) 8-27-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19

year 1946 hour minute A M.

21. I hereby certify that I attended the deceased from July 1-46, 19, to ~~July~~ Aug 19 1946

that I last saw him alive on Aug 15 1946;

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Jaw Left. Duration 17 m

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 45 d

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C H Appleberry (M. D. or other) MD

Address Flat River MO Date signed 8-19-46

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 946-2

Date Filed 9-9-4

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Fat River, 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.