

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1913

FILED FEB 11 1947

Registration District No. 239

Primary Registration District No. 5225

Registrar's No. 86

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution Home
(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 life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME James William Prestage

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 child

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December 13 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>1</u>	<u>1</u>	hr. _____ min.

9. Birthplace Lalopossa Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name James Albert Prestage

13. Birthplace Lalopossa Missouri
(City, town or county) (State or foreign country)

14. Maiden name Williamae Simmes

15. Birthplace Steele Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Albert Prestage

(b) Address Lalopossa Missouri

17. (a) Burial (b) Date thereof 1-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden (old Cemetery)

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

(b) Address Campbell, Missouri

19. (a) 2/3/47 (b) D. K. Stewart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1947 hour _____ minutell: 25 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1947 to Jan 14 1947
that I last saw him alive on Jan 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Calitis

Due to Cholera with fever

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations ✓

Of autopsy ✓

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) (a) Means of injury

23. Signature L. C. Carter (M. D. or other) MD

Address Malden Date signed Jan 17 47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No. 2,
District File Number 247-178
Date Filed 2-7-47

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.

(Not Embalmed)

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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.