

FILED MAY 13, 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14164
Registrar's No. 4

Registration District No. 206

Primary Registration District No. 3045

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

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 2 mos. - 24 days (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Sharon Lee Umfleet
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 9, 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER

12. Name Claude Umfleet
13. Birthplace Mine La Motte, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Christine Clouser
15. Birthplace Madison Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Claude Umfleet
(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 5/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little Vine Cemetery

18. (a) Signature of funeral director Webb Adams
(b) Address Fredericktown, Mo.

19. (a) 5-3-1947 (b) Florance Hicks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1947 hour 6:00 minute A.M.
21. I hereby certify that I attended the deceased from May 2, 1947 to May 3, 1947
that I last saw her alive on May 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death atelectasis Duration 1 day
Due to congenital debility 2 mos
Due to _____

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

Major findings: Of operations _____ Of autopsy 16
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) (e) Means of injury 2
23. Signature E. W. Delaney (M. D. or other) DO
Address Fredericktown, Mo Date signed 5-3-47

RECEIVED

District Health Officer No. 4
District File Number 547-668
Date Filed 5-12-47

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.

Signed

L. Toliver Adamson

Licensed Embalmer No.

4351

P. O. Address *Fredericktown, 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.