

STANDARD CERTIFICATE OF DEATH

22722

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Years (Specify whether years, months or days)
In this community

8. (a) PRINT FULL NAME MARY ALICE UMFLEET 514

3. (b) If veteran, name war no 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emmit Umfleet 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January 28, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Wiley Leyne

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

14. Maiden name Bilderback

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

16. (a) Informant's own signature Wm Umfleet

(b) Address Womack Mo

17. (a) Burial (b) Date thereof June 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Libertyville, Mo.

18. (a) Signature of funeral director Ed. H. H. H.

(b) Address Fredericktown Mo.

19. (a) 6-20-40 (b) H. G. A. Rydman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Womack, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 8, 1940, to June 15, 1940;
that I last saw her alive on June 14, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 24 H

Due to Arterio Sclerosis

Due to 82 H

Other conditions Uremia Chronic
(Include pregnancy within 5 months of death)

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) (e) Means of injury _____

28. Signature W. Harry Barron (M. D. or other) _____

Address Fredericktown Mo Date signed 6/18/40

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.....

Ed. H. Webb....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ed. H. Webb

Licensed Embalmer No. 731

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, above space should be left blank.