

D. 2
10-31
7-36
K21492

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1831

1. PLACE OF DEATH:
 (a) County St. Louis County.
 (b) City or town Clivette
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
#59 Frederick Lane.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether)
 In this community
 years, months or days

3. (a) PRINT FULL NAME LETITIA NESMITH.
 3. (b) If veteran, name war none.
 3. (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 ELMER E. NESMITH
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased Dec. 21, 1861
(Month) (Day) (Year)

8. AGE: Years 78. Months 9 Days 6
 If less than one day hr. min.

9. Birthplace Jonesburg, Iowa.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

MOTHER FATHER
 { 12. Name Thomas K. Ford.
 { 13. Birthplace Unknown.
 { 14. Maiden name Elizabeth Stephenson.
 { 15. Birthplace Unknown.
(City, town, or county) (State or foreign country)

16. (a) Informant ELMER E. NESMITH.
 (b) Address 59-FREDERICK LANE

17. (a) CREMATION. (b) Date thereof SEPT. 30-1940.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation OAK GROVE CREMATORY.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmer Blv'd.

19. (a) SEP 29 1940. (b) T. R. Mize
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County St. Louis,
 (c) City or town Clivette
(If outside city or town limits, write "RURAL")
 (d) Street No. #59 Frederick Lane.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
 year 1940 hour 1:30 minute AM.

21. I hereby certify that I attended the deceased from nat.
under my professional laws
 that I last saw h. alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Carditis
Permining from
Coronary Artery
Certificate

Other conditions 99c
(Include pregnancy within 3 months of death)

Major findings:
 - Of operations

Of autopsy none

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?

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 While at work _____ (Specify type of place)
 Means of injury _____

28. Signature C. R. Lupton (M. D. or other)
 Address 6127 Bagel Blvd Date signed 9/29/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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CF - 1010
3-5 P.M.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St. Louis 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.