

On File No. 3332

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 21

FILED FEB 8 1943

Registration District No. 316

Primary Registration District No. 4462

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Elvins, Mo.  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Andrew Jackson Umfleet

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or face W

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

6. (b) Name of husband or wife MISS TRALL

6. (c) Age of husband or wife 20 years 1866

7. Birth date of deceased May (Month) 20 (Day) 1866 (Year)

8. AGE: Years 76 Months 8 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Illinois (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jackson

{ 13. Birthplace Ill. (City, town, or county) \_\_\_\_\_ (State or foreign country)

{ 14. Maiden name Emelgne Estes

{ 15. Birthplace Ill. (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant N. Kellums

(b) Address Elvins, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/1943 (Month) (Day) (Year)

(c) Place: burial or cremation St. John Lutheran

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

(b) Address Elvins, Mo.

19. (a) Jan-3-1943 (Date received local registrar) (b) Byrdie Buhmester (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Elvins, Missouri  
(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 January day Friday 1-3, year 1943 hour 4 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1st 1943 to 1-15 1943 that I last saw with an alive on 10 12-15 and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombosis of Popliteal artery

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 103

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

23. Signature [Signature] (Specify type of place) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address [Signature] Date 1/4/43

mo 1/4/43

RECEIVED

District Health Officer No. 4

District File Number 243-1692

Date Filed 2-5-43

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

*Everett Snarker*

Licensed Embalmer No. 4287

P. O. Address *Elwin M*

**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.