REC'D DEC 19 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39496
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper | Registration District No. 417
(b) Township | Primary Registration District No. 3021 | Registered No. 82
(c) City Webb City (d) Street No. Jane Chinn Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jeffrie B. Stetler
(a) Residence, No. 114 N Roane St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: No data
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 2, 1851
7. AGE: YEARS 87 | MONTHS 9 | DAYS 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. rug weaver
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data 9

FATHER
13. NAME: No Data
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data 9
" " 9

MOTHER
15. MAIDEN NAME: No Data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " " 9
" " 9

17. INFORMANT (ADDRESS): Lottie Beal (Grand Daughter) Webb City Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forrest Park DATE 11/25/38, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hedge-Nelson Webb City Mo
20. FILED N.V. 25. 38, 19 B. Pritchett M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23/38, 19
22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1938, to 11-23, 1938
I last saw him alive on 11-23, 1938. Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

Shock following fracture of femur

Date of onset

Other contributory causes of importance: 1860

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide~~, or ~~homicide~~? ..... Date of injury 11-23, 1938
Where did injury occur? Webb City Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Fall
Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M S Slaughter M.D.
(Address) Webb City Mo

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Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-38 X14023

RECEIVED
District Health Officer No. 6,
District File Number 6-38-801
Date Filed DEC 16 1938

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, C. W. Hedge, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City 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.