

REC'D MAY 18 1939

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

14507  
Do not use this space.

1. PLACE OF DEATH

(a) County... Carroll Registration District No. 135  
(b) Township... Carrollton Primary Registration District No. 5188  
(c) City or Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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

Jesse M. Jesse  
(a) Residence, No. 250 Jesse M. Jesse St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 11 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Denmark

13. NAME Paul Jesse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Edage Assistance Board Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Delwill, Mo DATE Apr 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Standley Carrollton Mo

20. FILED 4-19 1939 Wuth Haskins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 18 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1939, to 4-18 1939

I last saw h. as alive on 4-17 1939. Death is said to have occurred on the date stated above, at 4:00 AM. The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency  
Date of onset ?

Other contributory causes of importance: 92 N

Name of operation Date of...  
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury... 19...  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify (Signed) William B. Atwood M. D.

(Address) Carrollton, Mo

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3/5/39

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 Ben W. Gibson  
Licensed Embalmer No. 2961  
P. O. Address Carrollton, 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.