

REC'D JUN 22 1939

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

19540  
Do not use this space.

1. PLACE OF DEATH  
(a) County Pulaski Registration District No. 713  
(b) Township Cullers Primary Registration District No. 5942 Registered No. ....  
(c) City ..... (d) Street No. .... 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 Martha Jane Jetterhoff  
(a) Residence, No. 361 (Usual place of abode, if no street address, write county or city) S  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ronnie H Jetterhoff  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 1904  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
34 11 12

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) Hooker, Mo.

FATHER 13. NAME Harry U. Sheldon  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellville Ill

MOTHER 15. MAIDEN NAME Nancy Dumphy  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo

17. INFORMANT (ADDRESS) Ronnie H Jetterhoff

18. BURIAL, CREMATION, OR REMOVAL PLACE Hooker DATE 5/14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lee Johnson  
Newburg Mo.

20. FILED 5775 1939 C. Catala  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 - 1939  
22. I HEREBY CERTIFY, That I attended deceased from Apr 22 - 1939, to May 13 - 1939  
I last saw her alive on Apr 22 - 1939 Death is said to have occurred on the date stated above, at 6:1 m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset .....  
Other contributory causes of importance: 23  
none

Name of operation none Date of .....  
What test confirmed diagnosis? lab 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) R. B. Brewer M. D.  
681 (Address) Newburg Mo

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.

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**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 \_\_\_\_\_

Licensed Embalmer No. ~~42~~ 3392

P. O. Address Newburg 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.**