

REC'D AUG 3 1939

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

25569  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin. Registration District No. 297  
(b) Township St. John's. Primary Registration District No. 5414 Registered No. 72  
(c) City Washington (d) Street No. Washington, Mo. R #2. 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 69 yrs. 3 mos. 23 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Jasper.

(a) Residence, No. Washington, Mo. R. #2. 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Anna Jasper.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31st, 1870.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
69 3 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming.  
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) Jan. 1939. 11. Total time (years) spent in this occupation. 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri.

FATHER 13. NAME Henry Jasper.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri.

MOTHER 15. MAIDEN NAME Elizabeth Voss.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakov, Missouri.

17. INFORMANT (ADDRESS) Mr. Victor Jasper, Washington, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE July 26th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nieburg & Vitt, Inc., Washington, Mo.

20. FILED July 25, 1939 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24th, 1939.

22. I HEREBY CERTIFY, That I attended deceased from July 16 - 1939 to July 24 - 1939  
Last saw him alive on July 23 - 1939 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

Acute lobar pneumonia Date of onset July 18, 39  
108  
Other contributory causes of importance:  
Multiple neuritis (alcoholic) ✓  
Chronic diarrhoea ✓

Name of operation None Date of None  
What test confirmed diagnosis? Bluesal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 19 None  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify H. A. May M. D.  
(Signed) H. A. May  
Washington, Mo. (Address) 970

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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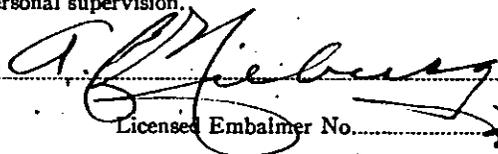
**STATEMENT BY LICENSED EMBALMER**

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. ....

2387

P. O. Address .....

**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.**