

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

33140
Do not use this space.

1. PLACE OF DEATH *Clark* Registration District No. *647*
 (a) County *Clark* (b) Township *Bayou* Primary Registration District No. *575*
 (c) City or *Bayou* (d) Street No. _____ Registered No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME *Jerry Ray House*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *M* 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) *Feb 27, 1938*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
1 5 4
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *none*
 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) *Clark Co Mo*
 FATHER 13. NAME *Arley House*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clark Co Mo*
 MOTHER 15. MAIDEN NAME *Avis Lane*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*
 17. INFORMANT (ADDRESS) *Arley House*
Elyah Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Baptist Hill* DATE *Aug 5 1939*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *None*
 20. FILED *10-1 1939* *CA Beach*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 8 1939*
 22. I HEREBY CERTIFY, That I attended deceased from _____
was called when he was killed 19..... Death is said to have occurred on the date stated above, at *12* m.
 The principal cause of death and related causes of importance were as follows:
Dropped in a jar Date of onset _____
after, fell into the jar and hit head
PM 1939
 Other contributory causes of importance: *1939*
 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? *accident* Date of injury *8-4 1939*
 Where did injury occur? *in the home near Elyah*
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *Fall into coal jar*
 Nature of injury *with 2 or 3 inches of water*
 24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify: _____
 (Signed) *C. A. Beach* corner _____ M. D.
 (Address) *Elyah, 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.

RECEIVED

Dist. Officer No. 6,

Dist. No. 1089-1925

Date Filed OCT 4 1939

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.....

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.