. No. 2
-11-10-39
5-17-39
I-X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1940

Registration District No. 518

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 2415

Registrar's No. 85

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pythian Home (If not in hospital or institution, write street number or location) 3

(d) Length of stay: In hospital or institution 5 years (Specify whether

In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield (If outside city or town limits write "RURAL")

(d) Street No. Pythian Home (If rural, give location)

(e) If foreign born, how long in U. S. A.? 66 years.

3. (a) PRINT FULL NAME JESS REY 000

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ismer

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec. (Month) 15 (Day) 1861 (Year)

8. AGE: Years 78 Months 1 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation Retired Mines 1

11. [redacted] Coal Mines

FATHER [redacted] 9

13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant E A Day

(b) Address Sp. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 28 (Day) 1940 (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director F C Arienne

(b) Address Springfield Mo

19. (a) 1-27-40 (Date received local registrar) (b) Chas A. George M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th year 1940 hour 7 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him dead on Jan 26 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound through head

Due to 22 long rifle 167

Due to

Other conditions Carcinoma lip & metastases (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Jan 26

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pythian home (Specify type of place)

While at work? (e) Means of injury 5

23. Signature R Ned White (M. D. or other) M D

Address Conner Greene County Date signed 1/27/40

290

(Licensed Embalmer's Statement on Reverse Side)

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

Signed R. H. Stevens

Licensed Embalmer No. 3681

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.