

4126

Do not use this space.

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

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162
(c) City Nevada (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.

Registered No. 24

2. PRINT FULL NAME Mrs LEONA JASPER.

(a) Residence, No. Buffalo Mo. 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 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 Herman J Jasper

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

7. AGE YEARS 39 MONTHS 10 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. bookkeeper
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) Missouri 0

13. NAME W.A. Eddingfield 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 7

15. MAIDEN NAME Melody Scott

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

17. INFORMANT State Hospital No 3 Records (ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 1-2 194

19. FUNERAL DIRECTOR (NAME) B.B. Jones (ADDRESS) Buffalo Mo

20. FILED 1-4 1940 Allen & Nave Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 22nd 1939, to Dec 31 25 1939

I last saw h.e.r. alive on Dec 31 25 1939. Death is said to have occurred on the date stated above, at 8:50 P.M.
The principal cause of death and related causes of importance were as follows:

Uremia
N.M.D.

Date of onset

Other contributory causes of importance: Dehydration

Name of operation _____ Date of _____
What test confirmed diagnosis? Chol 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? _____
If so, specify _____
(Signed) G.S. WARRICH M. D.
(Address) State Hospital No 3 Nevada, 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.

108

1935

FILED FEB 3 1940

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.