FILED APR 18 1940

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

12017
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps — Registration District No. 677
(b) Township — Primary Registration District No. 4403 — Registered No. 36
or
(c) City Rolla — (d) Street No. McFarland Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 340 Jess Elmer Medley
(a) Residence, No. Bangert, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR) WIFE OF: Virgie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 31 1889
7. AGE: 51 YEARS — MONTHS: 9 — DAYS: 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: W.P.A. Worker
9. Industry or business in which work was done, as saw mill, bank, etc.: Laborer
10. Date deceased last worked at this occupation (month and year): March 15 1940
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Tom Medley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Lizzie Hurt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Elmer Medley, Bangert, Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Salem Mo DATE: 3/22 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hobson & Greenham, Salem Mo
20. FILED: 3-22 1940 Jos. F. Ayers, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 21, 1940
22. I HEREBY CERTIFY, That I attended deceased from March 16, 1940, to March 21, 1940
I last saw him alive on March 21, 1940. Death is said to have occurred on the date stated above, at 8:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated inguinal hernia	

Other contributory causes of importance: 122 W

Name of operation: Hermotomy — Date of: 3/16/40
What test confirmed diagnosis? Clinical — 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) Rodney McFarland, M. D.
(Address) Rolla, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 N D Hobson, Registered Apprentice No.....,

working under my personal supervision.

Signed N D Hobson

Licensed Embalmer No. 928

P. O. Address Salem 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.