

FILED JUN 6 1940

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

19741

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834
 (b) Township Pike Primary Registration District No. 6097 Registered No. 16
 (c) of Bloomfield, R.F.D. 1 (d) Street No. _____ 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 265 Donald Elvie DeJournett

(a) Residence, No. 265 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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-40				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ... min.
	-	-	-	5
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	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) <u>Bloomfield, R.F.D. #1</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Alvin H. DeJournett</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Essex</u> (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Gladys S. Warren</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Cleve DeJournett</u> (ADDRESS) <u>Bloomfield, Mo. R.F.D.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gravel Hill Cem</u> DATE <u>4-16-40</u>				
19. FUNERAL DIRECTOR (NAME) <u>Chiles Und. Co.</u> (ADDRESS) <u>Bloomfield, Missouri</u>				
20. FILED <u>June 3, 1940</u> <u>D & Mc Kee</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-15**, 19**40**

22. I HEREBY CERTIFY, That I attended deceased from APR. 15, 1940, to APR. 15, 1940
 I last saw him alive on APR. 15, 1940. Death is said to have occurred on the date stated above, at 4:10 P.M.
 The principal cause of death and related causes of importance were as follows:
PREMATURE BIRTH
154
 Other contributory causes of importance:
CONGENITAL DEBILITY

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? _____ 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) R. Davis, D.O.
 (Address) BLOOMFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

District Health Officer No. 2

District 'File' Number 640-100

Date Filed 6/5/40

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.