

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

22141

Registration District No. 151001 470 Primary Registration District No. 5633 Registrar's No. 651

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: 11 mos., 23 days (Specify whether years, months or days)

8. (a) PRINT FULL NAME Jesse William Lue SON

3. (b) If veteran, name was No 5 (c) Social Security No. Unknown

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 9 1907
(Month) (Day) (Year)

8. AGE: Years 33 Months 3 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Drayman

11. Industry or business _____

12. Name Joe Lue

13. Birthplace Sante Fe Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Belle Hinch

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Burial (b) Date thereof 6 12 40
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, MO

18. (a) Signature of funeral director Dr. Reynolds

(b) Address Mexico, MO

19. (a) 6-11-1940 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 414 S. Cole St
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1940 hour 4:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 18th
_____, 1939, June 10th, 1940

that I last saw him alive on June 10th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary tuberculosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Maurice L. Jones (M. D. or other) 1

Address Mt. Vernon, Mo Date signed 6-10-40

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

RECEIVED

District Health Officer No. 6,

District File Number

740-2327

Date Filed

JUL 9 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.