No. 2
1-10-39
17-39
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FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29391

Registration District No. 701 Primary Registration District No. 5935 Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Polk

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

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

(d) Length of stay: In hospital or institution (Specify whether) 2

In this community (years, months or days) Life 340

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Dunnegan Campbell Township (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Jarris Edgar Stovall

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Child

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

7. Birth date of deceased Oct. 18, 1937 (Month) (Day) (Year)

8. AGE: Years 2 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business ✓

FATHER
12. Name Ray W. Stovall
13. Birthplace Dunnegan (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Esther Mitchem
15. Birthplace Dunnegan (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Ray W. Stovall

(b) Address Dunnegan Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Dunnegan Cemetery

18. (a) Signature of funeral director White Erwin & Jenkins

(b) Address Dunnegan Mo

19. (a) 8-14-1940 J F Roberts (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1940 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 12, 1940, to Aug 15, 1940; that I last saw him alive on Aug 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dysentery	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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? 630 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. C. Nevins (M. D. ~~or other~~) 1 MD

Address Humansville Mo Date signed 8-16-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 9-40-1307
Date Filed 9-11-40

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.