

FILED OCT 23 1940  
975

STANDARD CERTIFICATE OF DEATH

State File No. 32983

Registration District No. \_\_\_\_\_

Primary Registration District No. 6020-d

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bonne Terre  
(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 2  
(Specify whether  
In this community 5 mo 12 days  
years, months or days)

3. (a) PRINT FULL NAME JERRY PAUL EASTER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 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 26 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 5 12 hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Otis Caster

13. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Pearl Lorene Cash

15. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Otis Caster  
(b) Address Bonne Terre Mo

17. (a) Burial (b) Date thereof Sept 9, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adams Cemetery

18. (a) Signature of funeral director Seaborn Hill Co  
(b) Address 313 Benham, Bonne Terre Mo  
19. (a) Sept 9 (b) W W Newburn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8  
year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 4, 1940 to Sept 10, 1940  
that I last saw him alive on Sept 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
acute flv -  
edemia

Due to \_\_\_\_\_  
Due to unknown

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 11910  
Of autopsy \_\_\_\_\_

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? 609 8  
(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature P L Evans (M. D. or other) \_\_\_\_\_  
Address Bonne Terre Mo Date signed 9-10-40

Duration

6 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

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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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed C. J. Olaywell  
Licensed Embalmer No. 3706  
P. O. Address Bonne Terre, 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.**