

STANDARD CERTIFICATE OF DEATH

State File No. 35046

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 54

1. PLACE OF DEATH:

(a) County CEGAR
 (b) City or town EL DORADO SPRINGS, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: EL DORADO HOSPITAL, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 hrs
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME JESSE MASLEN JR

3. (b) If veteran, name war _____ 3. (c) Social Security No. 520-05-4327

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 DEC 1-1903
(Month) (Day) (Year)

8. AGE: Years 36 Months 10 Days 19 If less than one day _____ hr _____ min.

9. Birthplace St Clair Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic 0

11. Industry or business "Auto" 0

12. Name JESSE MASLEN SR 0

13. Birthplace Mo
(City, town, or county) (State or foreign country)

14. Maiden name EMMA JONES 0

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Maslen Sr

(b) Address EL DORADO SPRINGS

17. (a) BURIAL (b) Date thereof 10-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Wm J. Mc Gee

(b) Address EL DORADO SPRINGS, Mo.

19. (a) 10-22-40 (b) W. J. Mc Gee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CEGAR
 (c) City or town EL DORADO SPRINGS Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 112 W. Broadway
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20th
 year 1940 hour 12³⁰ minute 47 PM

21. I hereby certify that I attended the deceased from Oct. 19th
40 to Oct. 20, 1940
 that I last saw him alive on Oct. 20th, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary Edema, Acute Duration _____

Due to PRIMARY SHOCK _____

Accidental Burns 8 hrs.

Due to Gasoline Explosion - 3rd degree

BURNS - 3/4 Body Surface

Other conditions _____
(Include pregnancy within 6 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence 10/19/40

(c) Where did injury occur? El Dorado Spgs. Cedar Mo.
(City or town) (County) (State)

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

While at work? yes (Specify type of place) _____

(e) Means of injury Auto fire

23. Signature Wm J. Mc Gee (M. D. or other) _____

Address EL DORADO SPRINGS, Mo. Date signed 10/21/40

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

180
186

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1075

Date Filed 11-7-40

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 OP Sideris

Licensed Embalmer No. 3250

P. O. Address Edwards Springs, 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.

e automobile was being welded in the Cedar County
tor Company garage (Chevrolet) when it caught fire
pund the gasoline tank. The car was immediately pushed
the street in front of garage, the car all in flames.
e fire department immediately arrived and the
eased (~~XXXXX~~ mechanic at another garage and town
e Chief) while directing the fire fighting was severe-
burned when the gasoline tank on the burning car
oded. It had been the impression that it had exploded
viously. Cause of death: Accidental Burns: occurring
ne of duty, as fireman.

Wm J. McGee
Wm J. McGee, M. D.

Paste on back

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35046

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 163

Primary Registration District No. 4095-

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Eldorado Springs
(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 _____
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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

Jesse Maslen Jr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years 36

Months 10

Days 19

If less than one day _____ hr _____ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema, acute

Due to Primary shock

Due to accidental burn

Gasoline 1/2 gallon
burns 3/4 of body sur-
face

Other conditions burns 3/4 of body sur-
face

Major findings:
Of operations _____
Of autopsy _____

Duration
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) accident

(b) Date of occurrence 10-19-1940

(c) Where did injury occur Eldorado Springs

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

(Specify type of place)

While at work? YES (c) Means of injury _____

23. Signature Wm J McGe (M. D. or other)

Address Eldorado Springs Mo. Date signed 10/20/40

SUPPLEMENTAL