

No. 2
4-18-40
-17-39
X 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39044

State File No. _____

Registration District No. 467

Registration District No. 4280

Registrar's No. 70

NOV 11 1940

1. PLACE OF DEATH:

(a) County Lawrence

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

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

(d) Length of stay: In hospital or institution Hospital 9 days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Rollie Pearl Jacques

3. (b) If veteran, name war _____

3. (c) Social Security No. 499-09-5989

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Johnnie Jacques 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased Sep 1, 1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>1</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Pealer 0

11. Industry or business Hurley Canning Factory

12. Name Roscoe Scott

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

14. Maiden name Eana Williams

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

16. (a) Informant John E. Jacques

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 11/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crane Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) Dec 2, 1940 (b) R. D. Cowan M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora
(If outside city or town limits, write "RURAL")

(d) Street No. 510 S. Madison Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1940 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 14, 1940 to November 2, 1940
that I last saw her alive on November 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid Fever 3 Mts

Due to None other

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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) NO

(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? 410

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

23. Signature [Signature] (M. D. [Signature])
Address _____ Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1240-3001

Date Filed DEC 10 1949

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

Herman Purridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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, fact should be so stated above.