

FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3463

Registration District No. 566

Primary Registration District No. 52625

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:  
6 MI. S.W. OF WYATT, MO.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community ALL OF LIFE years, months or days)

3. (a) PRINT FULL NAME JENNIE CASSEL

3. (b) If veteran, name war X X X

3. (c) Social Security No. X X X

4. Sex FEMALE 5. Color or race Col.

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased: MAY 10 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace WOLF ISLAND MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name HENRY LEWIS M

13. Birthplace NOT KNOWN NOT KNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name DANNIE BOWDEN M

15. Birthplace NOT KNOWN NOT KNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant ESTER CASSEL

(b) Address WYATT, MO.

17. (a) BURIAL (b) Date thereof 1-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director Fair - Gummie Service

(b) Address Charleston, Missouri

19. (a) 1-31-41 (b) J. A. Jernan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. 6 MI. S.W. OF WYATT, MO.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 29<sup>th</sup>  
year 1941 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19 No doctor, 19 \_\_\_\_\_; that I last saw him alive on \_\_\_\_\_, 19 \_\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Influenza

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

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Frank Shelby (Specify name of place) \_\_\_\_\_  
While at work \_\_\_\_\_ Means of injury Coronary

Address East Prairie, Mo Date signed 1/31/41

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

700

67

RECEIVED

District Health Officer No. 2,

District File Number 241-173

Date Filed 2/7/41

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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.....

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, fact should be so stated above.**