

No. 2
4-13-40
5-17-39
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APR 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11270

State File No. _____

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
1027 Locust Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community two years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 1027 Locust Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Alta Eliza Jett

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Robert A. Jett

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

7. Birth date of deceased February 28 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>0</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Harry S. McKinney

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

14. Maiden name Laura Bell Huntsman

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

16. (a) Informant W. M. McKinney

(b) Address Cairo, Missouri; R. F. D.

17. (a) Burial (b) Date thereof 3-15-'41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Liberty Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Mo.

19. (a) 3-14-41 (b) H. M. Wallace, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/13 day mar
year 1941 hour 1:00 minute _____ M.

21. I hereby certify that I attended the deceased from 3/12
1941 to 3/13, 1941;

that I last saw her alive on 3/13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy 1st time
Duration

Due to _____

Due to _____

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations: _____

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? 943

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

23. Signature _____ (M. D. or other) _____

Address Chillicothe, Mo. Date signed 3-13-41

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

9
1
2

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.....
Elton F. Norman & E. R. Norman (2374)....., Registered Apprentice No.....
working under my personal supervision.

Signed.....Elton F. Norman.....
Licensed Embalmer No.....4036.....
P. O. Address Chillicothe, 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.