No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21728

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 524

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 99
(c) City or town Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No. 333 Hovey (If rural, give location) 6
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Donald Frederick Jairett
3. (b) If veteran, name war no
3. (c) Social Security No. 500-09-5789
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Aug. (Month) 28 (Day) 1920 (Year)

8. AGE: Years	Months	Days	If less than one day
20	10	0	hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Patton Creamery Co.
MOTHER FATHER
12. Name Harry D. Jairett
13. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)
14. Maiden name Margaret Luz
15. Birthplace Kirscheim (City, town, or county) Germany (State or foreign country)
16. (a) Informant Harry D. Jairett
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 6-29-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1941 hour 5 minute a. M.
21. I hereby certify that I attended the deceased from viewed the body at Burge Hospital June 28 - 6 am 1941; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fracture of left jaw. Fracture left arm and other head injuries	
Due to automobile or truck accident, 4 mi East on Highway 66	
Due to No doctor present at time of death but Dr. Kelley was called and found him dead	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Collision - 2 cars
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 June 28, 1941 (c) Where did injury occur? Highway 66 (City or town) Greene (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place on Highway 66 (Specify type of place)
While at work? (e) Means of injury Head on Collision of two cars
23. Signature Dr. Rochna, Actg. Coroner (By D. overton)
Address 227 E. Olive St. Date signed 6/30/41
Springfield, Mo.

W E H (Licensed Embalmer's Statement on Reverse Side)

JUL 16 1941

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.