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STANDARD CERTIFICATE OF DEATH

State File No. 22254

FILED JUL 23 1941

Registration District No. 703

Primary Registration District No. 4357

Registrar's No.

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

1. PLACE OF DEATH:

(a) County New Madrid Co  
(b) City or town Marion, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 12 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid  
(c) City or town Marion Mo  
(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 Melina Jainer

3. (b) If veteran, name war L (c) Social Security No. ✓

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

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

14. Maiden name L

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

16. (a) Informant J. W. Jainer

(b) Address Marion

17. (a) Burial (b) Date thereof June 29, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Fellowship Cem

18. (a) Signature of funeral director Rose Clayton

(b) Address Marion, Mo

19. (a) (Date received locally) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1941 hour 11:40 minute PM M.

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

Immediate cause of death Congestive heart failure of Bronchitis Pneumonia Duration 2 days

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

Other conditions Coronary artery disease  
Coronary of stomach

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? Yes

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

23. Signature [Signature] (M. D. or other)  
Address Marion, Mo Date signed 6/28/41

RECEIVED

District Health Officer No.

District File Number 741-92

Date Filed 7-17-41

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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 Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Sibeston, 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.**