DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 16 1941

Registration District No. 700

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26475

Primary Registration District No. 6207

Registrar's No.

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural-~~Washington~~ township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution x (Specify whether
In this community 50 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural-Washington township
(If outside city or town limits, write "RURAL")

(d) Street No. x
(If rural, give location)

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

3. (a) PRINT FULL NAME Jessie Belle Letterman

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Francis

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

7. Birth date of deceased August (Month) 8 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	6	11	x hr. x min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name George Taylor
13. Birthplace Colorado
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Edith Thomas
(b) Address Niangua, Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2-21-41. (Month) (Day) (Year)
(c) Place: burial or cremation Niangua

18. (a) Signature of funeral director Rex Rainey
(b) Address Marshfield, Missouri

19. (a) June 9 (Date received local registrar) (b) Hallie Schlicht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw her alive on Feb-14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Night Labor
Premature Female

Due to

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

23. Signature W. F. Schlicht (M. D. or other)
Address Niangua Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 841-1386
Date Filed AUG 1 3 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 Lex Lainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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, above space should be left blank.