

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **29047**

**FILED SEP 8 1941**

Registration District No. **664**

Primary Registration District No. **4297**

Registrar's No. **7**

**1. PLACE OF DEATH:**

(a) County **Pettis**

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

(c) Name of hospital or institution: **Green Ridge**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **60 years**  
(Specify whether years, months or days)

In this community **60 years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Pettis**

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

(d) Street No. **Green Ridge**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Mrs. Mary Wimer DeJarnette**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **August** day **23rd**  
year **1941** hour **6:30** minute **PM** M.

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **M.H. DeJarnette**

6. (c) Age of husband or wife if alive **yes** years \_\_\_\_\_

7. Birth date of deceased **May 7, 1871**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**Aug 17, 1941 to Aug 23, 1941**  
that I last saw him alive on **Aug 23, 1941**  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>70</b>	<b>3</b>	<b>16</b>	hr. _____ min. _____

Immediate cause of death **Uremia, Uremic Coma**

Due to **Chronic Nephritis**

Due to **Hypertension**

Other conditions **Valvular disease of heart**  
(Include pregnancy within 3 months of death)

Duration **48 hrs**

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**9. Birthplace** **Penelton County, West Virginia**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**

12. Name **Adam Starke**

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

14. Maiden name **Hannah Schaeffer**

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

Major findings: **1315**  
Of operations \_\_\_\_\_

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

16. (a) Informant **Edward Wimer (son)**

(b) Address **Lamonte, Missouri**

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) **burial** (b) Date thereof **Aug. 25, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Ridge**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Duane Hurwitz**

(b) Address **Sadalia, Mo.**

19. (a) **Aug 25<sup>th</sup> 1941** (b) **A.R. Shelley**  
(Date received local registrar) (Registrar's signature)

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

23. Signature **H. A. Hite** (M. D. or other) \_\_\_\_\_

Address **Green Ridge, Mo.** Date signed **8/23/41**

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

RECEIVED  
District Health Officer No. 8  
District File Number 9-5-11  
Date Filed

**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 *John E Myers*  
Licensed Embalmer No. *3770*  
P. O. Address *St. Louis, 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.**