

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29133

State File No.

FILED SEP 6 1941

Registration District No. 110

Primary Registration District No. 5939

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Schaffeld - Mooney
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1941 hour 7 minute 25 P.M.
21. I hereby certify that I was the deceased on
Aug 11 1941, to _____ 19____;
that I last saw him alive on Aug 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Septicemia probably Streptococcus
Due to Boil on back of neck and head
Due to _____

Duration
4 days
4 days

Other conditions Cardiac
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME LOUIS JOSEPH LEJEUNE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single/widowed, married, divorced Married
6. (b) Name of husband or wife Vina 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased September 12, 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Lejeune
13. Birthplace France 5
(City, town, or county) (State or foreign country)
14. Maiden name Mary Francis
15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Vina Lejeune

(b) Address Schaffeld Missouri

17. (a) Burial (b) Date thereof Aug 13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schaffeld Mo

18. (a) Signature of funeral director: Hutchinson & Co

(b) Address Bolivar Missouri

19. (a) Aug 14-41 (b) Estelle Benton
(Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature W. B. Swan (M. D. or other) _____
Address Bolivar Date signed 8-13-41

638 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1603

Date Filed 9-4-41

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.....

Frank Grable Jr.

Licensed Embalmer No. 4170

P. O. Address Baltimore, Md

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.