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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED SEP 25 1941

Registration District No. 36

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 30927

Registrar's No. 156

1. PLACE OF DEATH:

(a) County, Audrain
 (b) City or town, Mexico *City*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
809 S. Clark St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community, 43 years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME John J. Janes

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Annie Janes 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased March 12 1869 (Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Pike County, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Granville Janes
 13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Ellen Burton
 15. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben Dobyns
 (b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20-41 (Month) (Day) (Year)
 (c) Place: burial or cremation Catholic, Mexico, Mo.

18. (a) Signature of funeral director T. H. Parks
 (b) Address Mexico, Mo.

19. (a) Sept 19-1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain *064*
 (c) City or town Mexico *3*
 (If outside city or town limits, write "RURAL") *2*
 (d) Street No. 809 S. Clark St. (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1941 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 1 1941, to Sept. 17, 1941, that I last saw him alive on Sept. 15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
 Due to chronic myocardial degeneration *1 yr.*
 Due to prostatic hypertrophy & chronic hepatitis *3 yrs.*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131 B
 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?

While at work? (Specify type of place) (e) Means of injury.....
 23. Signature H. J. Heskum (M. D. or other) *210*
 Address Mexico Mo Date signed 9/14/41

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

SEP 2 1941

SEP 25 1941

MAR 27 1957

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.....

Earl E. Precht

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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

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