

FILLED OCT 22 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32145

Do not use this space.

1. PLACE OF DEATH

(a) County Newtown Registration District No. 614
(b) Township Newtown Primary Registration District No. 5811
(c) City _____ (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILLIAM JEFFERSON JESSUP
(a) Residence, No. Newtown Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Jessup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Elijah Jessup

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Hannah Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Helen Jessup
Newtown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE W. of Newtown DATE Sept. 18 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. M. ...
Newtown Mo

20. FILED 9/17 1941 R. Rolens
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1941

22. I HEREBY CERTIFY That I attended deceased from June 29 1941 to Sept 14 1941

I last saw him alive on Sept 17 1941. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage
pneumonia
cerebral hemorrhage

Date of onset
9/10/41
7/26/41
6/29/41

Other contributory causes of importance: 1310
Chronic cardio-renal
hypertensive disease

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Charles O. Chater, M. D.
(Address) Granby, Mo.

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.

THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 1041-1634

Date Filed OCT 16 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 Wm Morris Payne

Licensed Embalmer No. 3492

P. O. Address Whitew. 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.