. No. 2
—1-4-41
5-17-39
I X28390

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

2000

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 27, 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34458

Registration District No. 89 | Primary Registration District No. 5131 | Registrar's No. 435

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff R. R. #5 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 5 Poplar Bluff, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

(c) City or town: Poplar Bluff (If outside city or town limits, write "RURAL")

(d) Street No.: Rural Route #5 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: Roy Edward Jett

3. (b) If veteran, name war:

3. (c) Social Security No. 490-05-2849

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Lola Jett

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: July 26, 1892 (Month) (Day) (Year)

8. AGE: Years 49 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace: Wayne County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: farmer and railroad

11. Industry or business: Mo. Pacific

FATHER
12. Name: Elijah Jett
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Jane Eaton
15. Birthplace: Carter County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Lola Jett
(b) Address: R.R. #5 Poplar Bluff, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-15-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Chapel Hill Cemetery

18. (a) Signature of funeral director: Greer - Croy
(b) Address: Poplar Bluff, Missouri

19. (a) 11-14-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13 year 1941 hour 9:30 minute A M.

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

Immediate cause of death: Verdict of coroner's Jury: We the Jury find the deceased came to his death through an accidental Du shock of electricity. — Duration

Due to: Taking down telephone wire which came in contact with high line.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: None necessary

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): accident
(b) Date of occurrence: November 13, 1941
(c) Where did injury occur? Butler, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on farm near home. (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Alfred W. Green Coroner (M.D. or other)
Address: Poplar Bluff Mo. Date signed 11/14-41

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1942

RECEIVED
District Health Office No. 2,
District File Number 1141-1583
Date Filed 11/24/41

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.