S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35752

Registration District No. 668 Primary Registration District No. 5887 Registrar's No. 302

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

80
0
0

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town [illegible]
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mile West of 3 Dresden Mo
(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 Mo (b) County Pettis 80
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1708 E 5
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Elvis Dewey Jay
3. (b) If veteran, name war .....
3. (c) Social Security No. ~~496-16-6061~~ 496-16-6061
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug (Month) 12 (Day) 1922 (Year)

8. AGE: Years	Months	Days	If less than one day
19	1	0	..... hr. ..... min.

9. Birthplace Bridgeport Mo (City, town, or county) (State or foreign country)
10. Usual occupation Service Station
11. Industry or business .....
FATHER
12. Name Clyde Dewey Jay
13. Birthplace Grant City Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jossie Sowards
15. Birthplace Denver Mo (City, town, or county) (State or foreign country)
16. (a) Informant Clyde D Jay
(b) Address Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 15 (Day) 41 (Year)
(c) Place: burial or cremation Grant City Mo
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 10-14-41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 12 year 1941 hour 5 minute 30A M.
21. I hereby certify that I attended the deceased from 10 = 12 1941 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 Injuries received in Automobile Accident Fractured skull
Due to Collission with another Automobile
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings: Of operations .....
Of autopsy no

Duration

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

170 C 22

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 10 = 12 = 41 80
(c) Where did injury occur? Dresden Pettis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? — (e) Means of injury Automobile
23. Signature W T Bishop Coroner (M. D. ~~or other~~)
Address Sedalia Mo Date signed 10-13-41

5

90 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-7-41

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Fedalia 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.