

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.

FILLED NOV 21 1941

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

35750

Do not use this space.

1. PLACE OF DEATH

(a) County PhelpsRegistration District No. 677(b) Township ReesePrimary Registration District No. 4403Registered No. 126(c) City Reese(d) Street No. 0

(If death occurred in Hospital or Institution, write its name instead of street and number)

(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

(a) Residence, No. Jameson Lane

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1941

7. AGE

YEARS —MONTHS 7DAYS 26If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Reese
Mo

FATHER

13. NAME Wm J. Sargis14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Bradford Mo

MOTHER

15. MAIDEN NAME Dorothy Taylor16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) White Hart
Mo17. INFORMANT
(ADDRESS) Wm Sargis
Reese Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Reese Cem DATE Sept 21, 194119. FUNERAL DIRECTOR (NAME)
(ADDRESS) Thelma Olson
Reese Mo20. FILED Sept 21, 1941Joe F. Ayers

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1941

22. HEREBY CERTIFY, That I attended deceased from

Sept 19, 1941, to Sept 20, 1941I last saw him alive on Sept 19, 1941 Death is saidto have occurred on the date stated above, at 2:15 a.m.

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

Date of onset

Bacillary Dysentery (acute) 9/18/41

Other contributory causes of importance:

27a

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) Jameson, M. D.(Address) St James, Mo.

610 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 10412035

Date filed _____

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3297

P. O. Address Rolla 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.