

FILED JAN 20 1942

Registration District No. 576

Primary Registration District No. 5-733A 5772

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town California, Rural Arr  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(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

3. (a) PRINT FULL NAME Jessima Jane Medlen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married; divorced Widowed

6. (b) Name of husband or wife Joe Medlen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 26 1886  
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace High Point Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name William Satchiff 13. Birthplace High Point Mo. U  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Sen 15. Birthplace High Point Mo. D  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Medlen (b) Address California, Mo.

17. (a) Burial (b) Date thereof Dec. 16th. 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodman Cem.

18. (a) Signature of funeral director G.N. Steffens

(b) Address Russellville, Mo.

19. (a) 17 (b) Margaret Martine  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) County Moniteau (b) County Moniteau  
(c) City or town California Rural U  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15  
year 1941 hour 5 minute U. A. M.

21. I hereby certify that I attended the deceased from 5-23-1940 to 9-15-1940  
that I last saw her alive on 9-15-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis Duration 10 years  
Coronary Thrombosis  
Due to Fracture of Arm  
Due to May 25 1940

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations Two Of autopsy Two

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 10/6/41  
(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.R. Popejoy (M. D. or other) \_\_\_\_\_  
Address California Mo Date signed 2-19-41

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

68  
0  
0

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

*G. M. Steffens*

Licensed Embalmer No.

2307

P. O. Address

*Russell Hill*

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.

Registration District No. 576

Primary Registration District No. 5773

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Moniteau

(a) County \_\_\_\_\_

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Gemima J. Medlen

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 15 Year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

4. Sex M 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 26 (Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 19 If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

Due to fracture of arm  
5-23-40  
Due to to a fall from  
which she never entirely  
recovers  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

1860 14

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

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 R Posey (M. D. or other) \_\_\_\_\_  
Address California Mo Date signed \_\_\_\_\_

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

SUPPLEMENTARY

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for consistent and reliable data collection processes to support effective decision-making.

3. The third part of the document focuses on the role of technology in modern data management. It discusses how advanced software solutions can streamline data collection, storage, and analysis, leading to more efficient and accurate results.

4. The fourth part of the document addresses the challenges associated with data security and privacy. It provides guidance on implementing robust security measures to protect sensitive information from unauthorized access and breaches.

5. The fifth part of the document discusses the importance of data quality and integrity. It outlines strategies for identifying and addressing data errors, ensuring that the information used for analysis is accurate and reliable.

6. The sixth part of the document explores the various applications of data analysis in different industries. It provides examples of how data insights can be used to optimize performance, identify trends, and make strategic decisions.

7. The seventh part of the document discusses the ethical considerations surrounding data collection and analysis. It emphasizes the need for transparency, informed consent, and responsible use of data to protect individual privacy and rights.

8. The eighth part of the document provides a summary of the key points discussed throughout the document. It reiterates the importance of data in driving organizational success and the need for a comprehensive data management strategy.

9. The final part of the document offers concluding thoughts and recommendations for future research and practice. It encourages continued exploration of new data management techniques and the integration of data insights into organizational processes.