

7. S. No. 2
M-1-4-41
v. 5-17-39
I X26390

2562

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 11 1942

Registration District No. 417

Primary Registration District No. 4241

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 32 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 505 N. Foreman
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jessie Nelson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28 year 1942 hour 3 20 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 30 1941 to Jan 28 1942 that I last saw her alive on Jan 28 1942 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan (Month) 9 (Day) 1858 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>19</u>	<u>1</u> hr. _____ min.

Immediate cause of death: Acute cardiac asthma

Due to: Chronic Myocarditis

Due to: _____

9. Birthplace: 1 Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation: at home

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: 938
Of operations: _____

11. Industry or business: _____

MOTHER FATHER { 12. Name Thomas M. Glasson

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

14. Maiden name Fannie Anderson

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

16. (a) Informant John E. Lurt

(b) Address Castertown

17. (a) Burial (b) Date thereof: Jan 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bank Memorial Park

18. (a) Signature of funeral director Walt Cityland

(b) Address Walt City

19. (a) Jan. 30, 1942 (b) Mrs. Lillie Lagle
(Date received local registrar) (Registrar's signature)

Of autopsy: _____

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 R. M. Stormont (M. D. or other) _____

Address Walt City MO Date signed 1/29/42

42-1-5

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

Signed Playton M. Johnston
Licensed Embalmer No. 3922
P. O. Address Webb City, 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.