

FILED MAR 19 1942

Registration District No. 187

Primary Registration District No. 5255

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Ozark Mo, Rural
(c) Name of hospital or institution Rural Turkey sup
(d) Length of stay: In hospital or institution none
In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Ozark
(d) Street No. Rural
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME

M. G. Jernigan

(b) If veteran, name war

(c) Social Security No.

4. Sex Male

5. Color or race w.

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

6. (b) Name of husband or wife Rose Lee Jernigan

6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased May 15 1878

8. AGE:

Years 63 Months 5 Days 16

If less than one day hr. min.

9. Birthplace

Ozark Missouri

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER { 12. Name

Sam Jernigan

13. Birthplace

Kentucky

14. Maiden name

Estelle Stewart

15. Birthplace

Kentucky

16. (a) Informant

Orville Jernigan

(b) Address

ava Ma

17. (a)

Burial

(b) Date thereof

Feb 2 - 1942

(c) Place: burial or cremation

Ozark Cemetery

18. (a) Signature of funeral director

T. B. Chaffin

(b) Address

Ozark Mo

19. (a)

Feb 26 1942

(b)

Loetta Leonard

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1942 hour 3:40 minute 41 P.M.

21. I hereby certify that I attended the deceased from the post on the day of death to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death From history would say Angina Pectoris

Other conditions (Include pregnancy within 3 months of death) 948

Major findings: Of operations

Of autopsy None

Duration

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 _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. H. Wade (M. D. or other) _____
Address Ozark Mo Date signed 2-26-42

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

RECEIVED

District Health Officer No. 6,

District File Number 342-398

Date Filed MAR 17 1942

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 F. B. Cheffin

Licensed Embalmer No. 2182

P. O. Address Ozark 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.