

No. 2  
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PI X28390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 547

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3029

11333

State File No. ....

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Elizabeth Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 0  
(Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Richard Hunter Juett  
3. (b) If veteran. name war. .... 3. (c) Social Security No. ....

4. Sex Male 0 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 March 10, 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 hr. min.

9. Birthplace Hannibal Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Richard Roy Juett  
13. Birthplace Eales Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Kathryn Kriegbaum  
15. Birthplace New London Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Richard R. Juett  
(b) Address 1302 Bird Hannibal Missouri

17. (a) Burial (b) Date thereof 3/13/42  
(Burial, cremation, or removal) New London Mo (Month) (Day) (Year)  
(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director C. M. Smith  
(b) Address 902 Broadway Hannibal Missouri

19. (a) 3/13/42 (b) Robt. H. Connor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 064  
(c) City or town Hannibal 3  
(If outside city or town limits, write "RURAL") 4  
(d) Street No. 1302 Bird  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1942 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 10, 1942, to March 12, 1942, that I last saw him alive on March 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity  
Respiratory failure

Due to Prematurity 2 days

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 Harry L. Brown (M. D. or other) M.D.  
Address 102 N. C. St. Hannibal Mo Date signed 3/13/42

Duration

1 hour

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

159

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

Sex: Male

1146

(Licensed Embalmer's Statement on Reverse Side)

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 *Crawford Smith*  
Licensed Embalmer No. *3874*  
P. O. Address *Hannibal*

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.