

FILED SEP 4 1942

State File No. 7159

Registrar's No. 7159

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
EN ROUTE TO CITY HOSP.
(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

USUAL RESIDENCE OF DECEASED:

(a) State ST LOUIS (b) County 000
17

(c) City or town ST LOUIS 921
(If outside city or town limits, write "RURAL")

(d) Street No. 1210 A FRANKLIN
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RACHEL LELA JARRELL

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 24
year 1942 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife CLYDE JARRELL

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

7. Birth date of deceased FEB 1894
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Abscess in Mediastinum

8. AGE: Years 48 Months 7 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

Due to Bronchial Pneumonia
in left lung

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

MOTHER FATHER

11. Industry or business _____

12. Name CLARENCE HORNER

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name ELLA LEEMASTER

15. Birthplace MO-0
(City, town, or county) (State or foreign country)

16. (a) Informant GEORGE HORNER

(b) Address DAVENPORT IOWA

17. (a) REMOVAL (b) Date thereof 8-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DAVENPORT IOWA

18. (a) Signature of funeral director Albert H. Horner

(b) Address 4700 Washington Blvd

19. (a) AUG 25 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 10/1

Of autopsy 10/1

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? _____ (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 3

23. Signature: Thomas F. Callahan (M.D. or other) _____
Address Deputy Coroner Date signed 8/24/42

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

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.....

Licensed Embalmer No. *4282*.....

P. O. Address. *St. Louis, 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.