. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1942

Registration District No. 89

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 29896

Registrar's No. 294

**1. PLACE OF DEATH:**

(a) County Butler

(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community 41 years.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County Butler

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

(d) Street No. 803 Pine Blvd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ---------

**3. (a) PRINT FULL NAME** Winney S. Jett

3. (b) If veteran, name war

3. (c) Social Security No. 702-07-3879

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ollie Jane Jett

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec. 28, 1883 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 58 | 8 | 9 | hr. min. |

9. Birthplace Milan County Texas (City, town, or county) (State or foreign country)

10. Usual occupation Brakeman Frisco Railroad

11. Industry or business Railroad.

FATHER
12. Name Harve L. Jett
13. Birthplace St. Francisville, Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Ackman
15. Birthplace Lawrence County, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ollie Jane Jett
(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director FRANK MORTUARY
(b) Address Poplar Bluff, Mo. 412 Pine St.

19. (a) 9-11-42 (Date received local registrar) (b) Belle Conne (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 7th year 1942 hour 5:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 15, 1942 to Sept 7, 1942 that I last saw him alive on Sept 7, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Broncho pneumonia | 3 days |
| Due to Carcinoma lung | 6 MO. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

47d

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. P. Neubert (M. D. or other)
Address Poplar Bluff, Mo. Date signed 9/10/42

42

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1942

RECEIVED
District Health Office No. 2,
District File Number 942-1263
Date Filed 9-21-42

NOV 20 1944

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**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 Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St., Poplar Bluff

**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.**