

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 144

FILED OCT 5 1942

Registration District No. 71

Primary Registration District No. 3012

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

1. PLACE OF DEATH Clay  
 (a) County \_\_\_\_\_  
 (b) City or town Excelsior Springs, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Veterans Administration Facility  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 19 days  
 In this community 19 days  
 years, months or days

3. (a) PRINT FULL NAME Joseph J. Jesson  
 3. (b) If veteran, name war World War-I  
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 26, 1896  
 (Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 14  
 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name William Jesson  
 13. Birthplace Ireland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Nora Hayes  
 15. Birthplace Iowa  
 (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.

(b) Address Removal  
 (Burial, cremation, or removal) (b) Date thereof 9-9-42  
 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas  
 (d) Signature of funeral director Claude Prichard  
CLAUDE PRICHARD

(b) Address Excelsior Springs, Mo.  
 19. (a) 9-9-42 (b) Mrs. Sadie Redman  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Kansas (b) County Wandotte  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 443 Ann Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? No years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month September day 9th  
 year 1942 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from August 22, 1942 to September 9, 1942;  
 that I last saw him alive on September 9, 1942;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced, active "B"  
Tuberculous adenitis neck  
Tuberculous laryngitis  
 Duration unknown

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations N  
 Of autopsy No autopsy  
 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) Business

23. Signature Forrest G. Bell (M. D. or other)  
 Address Veterans Administration Date signed 9-9-42

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-2-42

JUN 3 1955

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

*Robert Ray*

Licensed Embalmer No.

*4182*

P. O. Address

*Excelsior Spg. Co., M.*

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.