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X28390

FILED JAN 13 1943

Registration District No. 4-D-8-157

Primary Registration District No. 4-2-4-3-2-2-4-7

Registrar's No. 253

1. PLACE OF DEATH:

(a) County Jasper ✓
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North 1st. Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 58 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Jasper 5
(If outside city or town limits, write "RURAL")
(d) Street No. North First Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 19th day _____
year 1942 hour 4 am minute _____ M.

21. I hereby certify that I attended the deceased from 12-14 to 12-19 1942
that I last saw her alive on 12-18-42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis Cerebral

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN J. J. [Signature]
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)
(c) Means of injury _____
23. Signature W. H. Knott (M. D. Mo.)
Address Jasper, Mo. Date signed 12-15-42

3. (a) PRINT FULL NAME Jennie Bayne

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Bayne 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Feb 28th 1855
(Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Unknown West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business _____

12. Name Unknown McNemar

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

14. Maiden name Unknown Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Wells

(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof 12-21-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper, Missouri

19. (a) Dec 21 42 (b) Elizabeth Corplein
(Date received local registrar) (Registrar's signature)

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

49
5
0

49
5
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

12-5

42-12-1055-

JAN 19 1955

MAIL ROOM

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 *Phus J. Tetter*
Licensed Embalmer No. *2366*
P. O. Address *Fasper Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40989
Registrar's No. 253

Registration District No. 408

Primary Registration District No. 4243

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North 1st. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 yrs. years, months or days

3. (a) PRINT FULL NAME Jennie Bayne

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color W race _____ 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased: Feb 28 (Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jasper
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. North 1st. St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day _____
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of 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)

(b) 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 _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

44