U. S. No. 2
10M—5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11535

Registration District No. 73 Primary Registration District No. 3051 Registrar's No. 81

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

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Perryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry
(c) City or town: Perryville (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) /
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Delmar Bryan Jeter
3. (b) If veteran, yes name war: World War 1
3. (c) Social Security No. 500-16-1875
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Dorothy
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: June (Month) 2 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
41	6	29	hr. min.

9. Birthplace: Chilhowee, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Chef
11. Industry or business:
FATHER 12. Name: John A. Jeter
13. Birthplace: Chilhowee (City, town, or county) Mo. 0 (State or foreign country)
MOTHER 14. Maiden name: Willie Edwards
15. Birthplace: Chilhowee (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant: Dorothy Jeter
(b) Address: 1036 N. Sprig Cape Girardeau Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan. 3, 1942 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Warrenburg, Mo.
18. (a) Signature of funeral director: Bey Funeral Home
(b) Address: Perryville Mo.
19. (a) 1-1-43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1942 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from June 1936, 19..., to Dec 31 1942, 19...; that I last saw him alive on Dec 31 1942, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	
Due to: Myocarditis (Chronic)	
Due to: Morphine Addict for several years	
Other conditions: Bronchitis, asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 930
Of autopsy: none

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: Guy A. Bailey (M. D. ~~coroner~~)
Address: Perryville Date signed 12/31 1942

(Licensed Embalmer's Statement on Reverse Side)

#8

UL 18 1946

RECEIVED
District Health Officer No. 4
District File Number 1-43-1503
Date Filed 1-4-43

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 Albert Berg

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.