

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE 111
 (c) City or town MILLSPRING 0
 (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 JESSIE ALEXANDER JOINER

3. (b) If veteran, name war..... 3. (c) Social Security No. 1

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased JAN 3 1924
 (Month) (Day) (Year)

8. AGE: Years 18 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER { 12. Name JESS W JOINER

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

14. Maiden name CARRA WINE CATAS

15. Birthplace BEVERLY CO MO
 (City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM LYNN JOINER

(b) Address MILLSPRING, MO

17. (a) BURIAL (b) Date thereof Dec 23 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MILLSPRING

18. (a) Signature of funeral director M. W. HICK

(b) Address Padmont, Mo

19. (a) Dec. 30 - 1942 (b) MRS. LOTTIE MANN
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
 year 1942 hour 10:00 minute PM

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

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

Immediate cause of death Due to an explosion of a gas stove in kitchen Duration

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)..... 111

(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.....

23. Signature T. C. Jones (M. D. or other)

Address Padmont, Mo Date signed 12-27-42

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

RECEIVED

District Health Officer No. 4
District File Number 143-1507
Date Filed 1-5-43

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Norman W. Gish
Licensed Embalmer No. 3387
P. O. Address Frederick, Md.

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.

STANDARD CERTIFICATE OF DEATH

State File No. 42280
Registrar's No. 20

Registration District No. 369

Primary Registration District No. 6252

1. PLACE OF DEATH:

(a) County Wayne
(b) City or town Rural
(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
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Jessie A. Janvier

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 3
(Month) (Day) (Year)

8. AGE: Years 18 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____ (State or foreign country)

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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 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 Gas engine fragments to hit person's head causing death
Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12/21/42

(c) Where did injury occur? Mill Spring Wayne Mo.
(City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
In woods at a saw mill

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

23. Signature J. O. Giles (M. D. or other)

Address Madison, Mo. Date signed 12/21/42

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for ensuring transparency and accountability in financial operations. This section also highlights the role of internal controls in preventing fraud and errors.

2. The second part of the document focuses on the implementation of a robust risk management framework. It outlines the various risks that an organization may face, including financial, operational, and reputational risks. The document provides guidance on how to identify, assess, and mitigate these risks effectively.

3. The third part of the document addresses the need for continuous monitoring and reporting. It stresses that organizations should have a clear process in place for regularly reviewing their financial performance and risk levels. This section also discusses the importance of communicating this information to stakeholders in a timely and transparent manner.

4. The fourth part of the document discusses the role of technology in enhancing financial reporting and risk management. It highlights how modern software solutions can streamline data collection, analysis, and reporting, thereby improving the accuracy and efficiency of these processes.

5. The fifth part of the document provides a summary of the key findings and recommendations. It reiterates the importance of a strong financial reporting system and a comprehensive risk management framework. The document concludes by encouraging organizations to adopt a proactive approach to financial management and risk mitigation.