No. 2
9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42280

State File No.

FILED JAN -7 1943

Registration District No. 369 Primary Registration District No. 6252 Registrar's No. 20

1. PLACE OF DEATH:

(a) County WAYNE

(b) City or town MILLSPRING Twp
(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 years, months or days)

In this community LIFE

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. —

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 (Month) 3 (Day) 1924 (Year)

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

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

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER

12. Name JESS W. JOINER

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

14. Maiden name CAROLINE CATES

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

16. (a) Informant VIRGIL LYNN JOINER

(b) Address MILLSPRING, MO

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

(c) Place: burial or cremation MILLSPRING

18. (a) Signature of funeral director W. W. Dial

(b) Address Piedmont, Mo

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

MEDICAL CERTIFICATION

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

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

that I last saw h... alive on ..., 19...

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Due to an Explosion of a Gas-Engine	
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: 111

(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 T. C. Tilles (M. D. or other)

Address Piedmont, Mo. Date signed 12-29-42

1163

(Licensed Embalmer's Statement on Reverse Side)

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 Fredericktown Mo.

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

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

S. No. 2B
M—8-21-41
I X29289

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42280

Registration District No. 369 Primary Registration District No. 6252 Registrar's No. 20

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 years, months or days)
In this community .....

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. Janier

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 (Month) 3 (Day) 1888 (Year)

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

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

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

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

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....

(b) Address .....

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 21 year 1942 hour ..... minute ..... M.

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

Immediate cause of death: Dis engine explosion, chisel fragments to hit person

Due to: Wound causing death

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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): Accident

(b) Date of occurrence: 12/21/42

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

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

While at work? Yes (e) Means of injury: Explosion

23. Signature: T. C. Giles (M. D. or other)

Address: Piedmont, Mo. Date signed 2/3/43

SUPPLEMENTARY