DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1943

State File No. 1438

Registration District No. 9 — Primary Registration District No. 5036 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County Andrain
(b) City or town Salem (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilson Twp (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 4 0
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jerry Leroy Jesse
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 15 (Day) 1942 (Year)

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

9. Birthplace Andrain Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation None
11. Industry or business
FATHER
12. Name Howard Clayton Jesse
13. Birthplace Andrain Co (City, town, or county) Mo (State or foreign country) 0
MOTHER
14. Maiden name Thelma Claudine Wisdom
15. Birthplace Andrain Co (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Mrs Thelma C Jesse
(b) Address Sturgeon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19-1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Lake Church Cem
18. (a) Signature of funeral director M M McDonald
(b) Address Centralia Mo
19. (a) 10/19-1942 (Date received local registrar) (b) Mrs. Arch. Clayton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th year 1942 hour 5 minute 30 A M.
21. I hereby certify that I attended the deceased from Oct 15, 1942 to Oct 19th, 1942; that I last saw him alive on Oct 18th, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia of rt & left lungs.
Due to Coriza
Due to
Other conditions (Include pregnancy within 3 months of death) 107
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)
(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 Dr. Joseph H. Tomei (M. D. or other) 2 D.O.
Address Sturgeon, Mo Date signed 4/4/43

1079

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

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# STANDARD CERTIFICATE OF DEATH

State File No. 1438

Registration District No. 9 — Primary Registration District No. 5036 — Registrar's No.

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Salina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilson Temp
(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)

3. (a) PRINT FULL NAME Jerry Leroy Jesse
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male 5. Color or race White 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 Oct (Month) 15 (Day) 1942 (Year)

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

9. Birthplace Audrain Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Howard Clayton Jesse
13. Birthplace Audrain Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Thelma Claudine Wisdom
15. Birthplace Audrain Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs Thelma C Jesse
(b) Address Sturgeon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19-1942 (Month) (Day) (Year)
GLENDALE MEMORIAL GARDENS
(c) Place: burial or cremation [illegible]
18. (a) Signature of funeral director M M Donald
(b) Address Centralia Mo
19. (a) 10/19-1942 (Date received local registrar) (b) Mrs Arch Playter (Registrar's signature)

1. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County ..... 8
(c) City or town ..... (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ..... years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19th year 1942 hour 5 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct 15, 1942 to Oct 19th 1942 that I last saw him alive on Oct 18th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia of rt & left lungs.
Due to Coriza
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death) 107
Major findings:
Of operations .....
Item #17c corr. by aff. from Mother - 7-17-79
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) .....
(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 Dr. Joseph H. Tomei (M. D. or other) D.O.
Address Sturgeon, Mo Date signed 4/4/43

(Continued on Reverse Side)