

No. 2
-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5968

FILED FEB 15 1943

State File No. _____

Registration District No. 49

Primary Registration District No. 5175

Registrar's No. 2

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Martha Margerize Jetter

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

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Claus Jetter
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 18 1943
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business
12. Name Dati, Leff Sievers
13. Birthplace Germany
14. Maiden name Louise M. Leff
15. Birthplace Germany

16. (a) Informant Henry Jetter
(b) Address Macks Creek Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43
(Month) (Day) (Year)
(c) Place: burial or cremation Macks Creek

18. (a) Signature of funeral director L. B. Jones
(b) Address Buff 220 Mo

19. (a) 1-16-1943 (Date received local registrar) (b) Martha R. Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 37 to Jan 5 1943
that I last saw her alive on Dec 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus
Duration 3 years

Due to _____
Due to 48 h
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)
(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 A. Datterberry (M. D. or other) _____
Address Camden Mo Date signed 1/11/43

1000

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 1-43-148

Date Filed Feb. 13, 1943

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

Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, N.Y.

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.