S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Thomas

State File No. 10246

MAR 27 1943 128

Registration District No. ~~318~~

Primary Registration District No. 2000

Registrar's No. 237

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 534 South Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 67 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 534 South Ave.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Morris Jess

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Latilia Jess

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

7. Birth date of deceased Jan. (Month) 16 (Day) 1850 (Year)

8. AGE: Years 93 Months 2 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Woodstown (City, town, or county) New Jersey (State or foreign country)

10. Usual occupation President

11. Industry or business M. Jess Auto Shops

FATHER
12. Name Stephen M. Jess
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Waters
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Morris H. Jess
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 3-22-43 (Date received local registrar) (b) Wm Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1943 hour 9 minute 45 a.M.

21. I hereby certify that I attended the deceased from Mar 18, 1943, to Mar 18, 1943
that I last saw him alive on Mar 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden heart failure

Due to Chronic Myocarditis

Due to Senility

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

Major findings:
Of operations —

Of autopsy —

Duration

93d

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 N.W. Thomas (M.D. or other)
Address 324 Landon B. Date signed 3/19/43

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(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.....Walter E Haines

Licensed Embalmer No.....3808

P. O. Address.....Springfield 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.