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NY. 5-17-39  
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21240

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 12 1943

Registration District No. 98

Primary Registration District No. 5362

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Jarvis TWP.  
(b) City or town Jamesport  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jamesport township  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community. about 10 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Warren 31  
(c) City or town Jamesport Mo. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Jamesport township  
(If rural, give location)  
(e) Citizen of foreign country? (Specify country)  
If yes, name country.

3. (a) PRINT FULL NAME WILLIAM THOMAS STRETCH

3. (b) If veteran, name war. 3. (c) Social Security No. 600-07-6420

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced. married  
6. (b) Name of husband or wife. Royal Stretch 6. (c) Age of husband or wife if  
alive. 50 years  
7. Birth date of deceased. may 21 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 0 19 hr. min.

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

10. Usual occupation Farmer & Blacksmith

11. Industry or business

12. Name Charles Stretch

13. Birthplace Warren Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Mary Purden

15. Birthplace Warren Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pearl R. Stretch  
(b) Address Jamesport, Mo.

17. (a) Burial (b) Date thereof April 11 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sealand cemetery

18. (a) Signature of funeral director. W.D. James  
(b) Address St. Louis, Mo.

19. (a) 6-13-1943 (b) W.C. Dickerson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1943 hour 2 PM minute M.

21. I hereby certify that I attended the deceased from May 1  
1943, to June 9, 1943  
that I last saw him alive on June 9, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic interstitial Nephritis

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
131A

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 J.C. WALKER (Seal) D.O.  
Address FILMAN City Mo Date signed June 9 1943

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

MOTHER FATHER

1084

(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.....  
*W.D. Haines*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....*W.D. Haines*.....  
Licensed Embalmer No. *947*  
P. O. Address *Filmas City 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.**