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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24693

State File No.

FILED JUL 19 1943

Registration District No. 69

Primary Registration District No. 41 22

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Nixa
(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 20 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian 22 0

(c) City or town Nixa 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 Roy Jaqua

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Beulah Jaqua

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Nov. 8 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation retired merchant

11. Industry or business

FATHER
12. Name Ernest Jaqua
13. Birthplace Iowa 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Keas
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Jaqua
(b) Address Nixa Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-43
(Month) (Day) (Year)
(c) Place: burial or cremation Glenn Cemetry

18. (a) Signature of funeral director J. W. Maples
(b) Address Clever - Mo

19. (a) May 15 1943 (Date received local registrar) (b) Edna B. Wood (Registrar's signature)

June 29 1943 Mary [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from
, 1942 to May 12, 1943
that I last saw him alive on May 12, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pustic hart disease	15 or 20 yrs.
Due to 30 y	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations X
Of autopsy X

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 W. B. Hanson (M. D. or other)

Address Nixa Mo Date signed May 14, 43

(Incorporate Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 743-867
Date Filed JUL 16 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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.