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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 65

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Webb City
(If outside city or town limits, write "RURAL")
 (d) Street No. Jane Chinn Hospital
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Infant Son of Jean Kent

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced infant

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

7. Birth date of deceased July 2 28 1943
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
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9. Birthplace Webb City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business.....

MOTHER FATHER {
 12. Name no data
 13. Birthplace no data
(City, town, or county) (State or foreign country)
 14. Maiden name Jean Kent
 15. Birthplace Webb City, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mother Jean Kent

(b) Address Webb City, Missouri

17. (a) burial (b) Date thereof 7/29/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oronogo Cemetery

18. (a) Signature of funeral director Hedre Nelson

(b) Address Webb City, Missouri

19. (a) July 29, 1943 (b) Ma J. H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 7:30 minute A.M.

21. I hereby certify that I attended the deceased from, 19....., to, 19.....

that I last saw him alive on 7-28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Injury at Birth

Due to.....

Due to.....

Other conditions 160 e
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 0

23. Signature [Signature] (M. D. or other) 00

Address Worcester, Mass. Date signed 7/29/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

43-7-621

Gregory

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 *E. D. Hedge*
Licensed Embalmer No. *22859*
P. O. Address *St. Paul, Minn.*

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.