

FILED AUG 10 1943 273

Registration District No. 273 Primary Registration District No. 5917

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

1. PLACE OF DEATH:  
(a) County Perry  
(b) City or town Rural Ste. Marys Township  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME May Mc Clelland Jass  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. 496-18-556

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Florence Conrad 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased April 10, 1901  
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perry County Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation tie Hacker

11. Industry or business  
MOTHER FATHER { 12. Name Wesley Jass  
13. Birthplace Bollinger County Mo. U  
(City, town, or county) (State or foreign country)  
14. Maiden name Maney Neesham  
15. Birthplace Bollinger County Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Madeline Jass  
(b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof Aug 8, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cross Roads Cemetery

18. (a) Signature of funeral director Dee Funeral Home  
(b) Address Perryville, Mo.

19. (a) 8-7-43 (b) Thos G. Elder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Cape Girardeau  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. Missin St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 4th  
year 1943 hour 2:00 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Killed instantly by lightning  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 192  
Major findings: Of operations 99  
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) accident OIP  
(b) Date of occurrence Aug 4, 1943  
(c) Where did injury occur? Perryville, RFD Perry Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on farm  
While at work yes (Specify type of place) (e) Means of injury Lightning  
23. Signature W. H. Bailey (M. D. or other) \_\_\_\_\_  
Address Perryville Mo Date signed 8-5-43

RECEIVED

District Health Officer No. 4  
District File Number 843-2602  
Date Filed 8-11-43

---

---

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 Albert Bey  
Licensed Embalmer No. 3866  
P. O. Address Permyville, 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, above space should be left blank.