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30939

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **4149**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1404 West 61st Street Terrace
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 7 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Iowa (b) County _____
 (c) City or town Eagle Grove
(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 2

3. (a) PRINT FULL NAME Mr. Jess Frank Thebiay

3. (b) If veteran, name war None **3. (c) Social Security** No. None

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married,** Divorced Single

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

7. Birth date of deceased March 25 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>6</u>	<u>4</u>	hr. _____ min.

9. Birthplace Eagle Grove Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Foreign Representative

11. Industry or business John Deere & Company

MOTHER FATHER

12. Name Juste Thebiay

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Mary Montaven

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. B. Colfry

(b) Address 1404 West 61st Terrace

17. (a) Removal Removal **(b) Date thereof** Sept. 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eagle Grove, Iowa

18. (a) Signature of funeral director J. E. Harrison, Dep

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-30-43 **(b) J. E. Harrison, Dep**
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29
 year 1943 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 12 1943 to Sept 29 1943
 that I last saw him alive on Sept 28 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach
(Diagnosis made by biopsy)
 Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy None

*Duquoin
 Duquoin
 Only
 a few
 months*

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?

23. Signature Surek Bress (M. D. or other) MD
 Address 924 Quince Blvd Date Sept 29 1943

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

361

(Licensed Embalmer's Statement on Reverse Side) Kansas City, Mo

9-3-1944
1-3

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 Emile M. Calboun
Licensed Embalmer No. 3506
P. O. Address Kansas City, 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.