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FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3259

Registration District No. 755

Primary Registration District No. 5579

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Mineral Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jasper Co. T.B. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 mo  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Jasper 2  
(If outside city or town limits, write "RURAL.") 5  
(d) Street No. 2202 Cannon  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME

Mary E. Pesterman

3. (b) If veteran, name war

3. (c) Social Security No.

514-18-6377

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May 18 1918  
(Month) (Day) (Year)

8. AGE: Years 25 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Housework

12. Name Bernice Taylor

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

14. Maiden name Leola Taylor

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

16. (a) Informant Records

(b) Address

17. (a) Burial (b) Date thereof Jan. 19, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dean Okla.

18. (a) Signature of funeral director John W. Surnis

(b) Address Dean Okla.

19. (a) Jan. 17, 1944 (b) Mrs. Lillian Taylor  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1944 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 8 1943 to Jan 15 1944 that I last saw her alive on Jan 15 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis

Due to

Due to

Other conditions 13 fl  
(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

23. Signature Mary E. Pesterman (M. D. or other)

Address Dean Okla. Date signed 1-15-44

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

MOTHER FATHER

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

44-1-128

810

**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.....

*John H. Searns*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*John H. Searns*

Licensed Embalmer No. *820 Ohio*

P. O. Address *Richwood Ohio*

**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.**