

FILED FEB 14 1944

Registration District No. 127

Primary Registration District No. 4256

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 5 years
years, months or days)

3. (a) PRINT FULL NAME RALPH S. JEANS

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 married

6. (b) Name of husband or wife Eula Jeans 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Feb. 20, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 10 17 hr. min.

9. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business on farm

12. Name C. F. Jeans

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

14. Maiden name Octavia Sharp

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

16. (a) Informant Eula Jeans

(b) Address Holden, Missouri.

17. (a) Burial (b) Date thereof 1/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bates City, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri.

19. (a) 1-15-44 (b) Rathun S. Canaday M.D.
(Date received local registrar) ((Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1944 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 7 (2:30 PM), 1944, to Jan 7 (8:30 PM), 1944, that I last saw him alive on Jan 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death
Stomach Poisoning & Dehydration & Shock

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Fatty degeneration of liver, spleen and pancreas

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 251
(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 Kelly Rawlins (M. D. or other)

Address Holden Mo Date signed 1/15/44

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

JUL 9 1944

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..... *W. H. Canaday*

Licensed Embalmer No. *3434*

P. O. Address..... *Holden, Mass.*

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.