

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18612  
Registrar's No. 58

FILED MAY 17 1944  
Registration District No. 307

Primary Registration District No. 4319

33  
0  
0

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

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Belle, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
At Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 59 years  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Belle, Mo.  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Irlida Spphronia Jett

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Rev. John Jett 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Aug 12th, 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>8</u>	<u>7</u>	hr. min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Thompson

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

14. Maiden name Drusa Crider

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

16. (a) Informant Bryce E. Jett  
(b) Address Summerfield, Mo.

17. (a) Burial (b) Date thereof 4/21/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crider Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Box 144, Linn, Mo.

19. (a) 4-24-44 (b) Erma Bassett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th,  
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 15, 1944 to April 19, 1944  
that I last saw him alive on April 17, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Chronica  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions no  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations no  
Of autopsy no

Duration \_\_\_\_\_

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) no

(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 Billy Jones (M. D. or other)  
Date signed 4/20/44

1096 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 5-15-44

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 Vernon Mouton  
Licensed Embalmer No. 4125  
P. O. Address Lynn Md

**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.