

FILED AUG 10 1944

Registration District No. **22**

Primary Registration District No. **F338**

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

1. PLACE OF DEATH:
 (a) County **Monroe**
 (b) City or town **Monroe City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
326 West Dover St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: **8 1** Years
In hospital or institution (Specify whether years, months or days)
 In this community **8 1** Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Monroe** **69**
 (c) City or town **Monroe City;** **1**
(If outside city or town limits, write "RURAL") **10**
 (d) Street No. **326 West Dover St**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **William Porter Jett**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **31**
 year **1944** hour **5** minute **15 P.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Jennie** 6. (c) Age of husband or wife if alive **80** years
 7. Birth date of deceased **August 4 1866**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 24, 1944** to **July 31, 1944**; that I last saw him alive on **July 31, 1944** and that death occurred on the date and hour stated above.
 Immediate cause of death **cerebral hemorrhage** Duration 9 days

8. AGE: Years **77** Months **II** Days **27**
If less than one day hr. min.

Due to _____
 Due to _____

9. Birthplace **Monroe County Missouri**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Farmer (Retired) 10 Yrs**

Other conditions **diabetes mellitus** **8 yrs.**
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
 12. Name **Joseph H. Jett**
 13. Birthplace **Monroe County Missouri**
(City, town, or county) (State or foreign country)
 14. Maiden name **Amanda VanSike**
 15. Birthplace **Monroe County Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations **61**
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Miss Ann Jett**
 (b) Address **Monroe City, Missouri**
 17. (a) **Burial** (b) Date thereof **8/3/44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Judes, Monroe City**
 18. (a) Signature of funeral director **Hilton**
 (b) Address **Monroe City, Mo**
 19. (a) **Aug 2-44** (b) **Otis Hedberg**
(Date received local registrar) (Registrar's signature)

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? _____
(Specify type of place)
 While at work _____ Means of injury _____
 23. Signature **John H. Fiske** **Monroe City, Mo** M. D. **10**
 Address **314 North Main** Date signed **Aug 2**

1126

RECEIVED

District Health Officer No. 10

District File Number 8-44-1352

Date Filed AUG 8 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 Pyne

....., Registered Apprentice No.
working under my personal supervision.

Signed Lennie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.