. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10794

Registration District No. 345 Primary Registration District No. 6162 Registrar's No.

1. PLACE OF DEATH:

(a) County Stone

(b) City or town Rural - Ruth Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone

(c) City or town Rural 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jerry Ray Talbert

3. (b) If veteran name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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 Nov (Month) 22 (Day) 1944 (Year)

8. AGE: Years | Months 4 | Days 25 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Child

FATHER
12. Name Eugene Talbert
13. Birthplace Stone Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Alma Mearl
15. Birthplace Stone Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs Myrtle Clark
(b) Address Reeds Spring Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/45 (Month) (Day) (Year)
(c) Place: burial or cremation Eisenhower

18. (a) Signature of funeral director George H. Manlove
(b) Address Crane Mo

19. (a) Mar-17-45 (Date received local registrar) (b) Grace White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1945 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 22, 1944 to March 17, 1945
that I last saw him alive on March 15, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart (patent foramen ovale)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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? (e) Means of injury

23. Signature A. P. Capetti MD (M. D. or other)

Address Crane, Mo Date signed 3-19-45

1356 (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.