7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17504

State File No.

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 120

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi. North of Bowling Green
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Virginia Jett
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Garnett Jett
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan 14 1874 (Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Near Bowling Green (City, town, or county) Mo (State or foreign country)
10. Usual occupation at Home
11. Industry or business
12. Father Name Geo W. Jett
13. Father Birthplace Pike Co. (City, town, or county) Mo (State or foreign country)
14. Mother Maiden name Sallie Gibbs
15. Mother Birthplace D. K. (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Garnett Jett
(b) Address Rural Bowling Green Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green Cem.
18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green Mo
19. (a) 4-29-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22 year 1945 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from 4/43, 1943 to 4/22, 1945 that I last saw h. alive on 4/18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency — Duration 2 months
Due to Chronic Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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
Where did injury occur? (City or town) (County) (State)
Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature J. M. Mathews (M. D. or other)
Address Bowling Green Date signed 4/24/45

1394 (Licensed Embalmer's Statement on Reverse Side)

JUN 12 1945

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. B. E. Moore

Licensed Embalmer No. 3466

P. O. Address Bowling Green 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.