

S. No. 2
OM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31191

State File No. _____

FILED OCT 4 1945

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 98

1. PLACE OF DEATH:
(a) County Shepherd
(b) City or town Rolla
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Shepherd
(c) City or town Rolla
(d) Street No. Dankner
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Loye McJaul
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Sept. 3 month 3 day 3 hour 8:50 minute 20 M.
21. I hereby certify that I attended the deceased from _____ 19. 9/3/45
that I last saw her alive on 9/3/45 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 3, 1945
(Month) (Day) (Year)

Immediate cause of death Premature Birth.
Due to Placental Separation
Due to Right Amnion
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 40 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Wm McJaul
13. Birthplace Stahara Mo
14. Maiden name Marie Mitchell
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Wm McJaul
(b) Address Dankner Ave. Rolla

17. (a) Burial (b) Date thereof 9-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Mo

18. (a) Signature of funeral director Wm McJaul
(b) Address Rolla Mo

19. (a) Sept. 7, 1945 (b) Mrs. Juanita Harvey
(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?
While at work? _____ (Specify type of place) _____ (Means of injury) _____
23. Signature Wm McJaul (M. D. or other) _____
Address Rolla Mo Date signed 9/5/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1403

(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.

Not Embalmed