

FILED NOV 23 1945

Registration District No. _____

Primary Registration District No. **1285461**

Registrar's No. **5461**

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Rogersville, Rural Wash. Twp
 (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 _____ (Specify whether _____)
 In this community _____ years, months or days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Rogersville Rural Wash. Twp
 (If outside city or town limits, write "RURAL")
 (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 Edward Franklin Jessup

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Lenna 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 15 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Greene Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Tom Jessup

13. Birthplace Greene Co, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lena Mack

15. Birthplace Greene Co, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lenna Jessup

(b) Address Rogersville Mo R #2

17. (a) Burial (b) Date thereof Nov. 8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director Kelley - Ferrell

(b) Address Rogersville Mo

19. (a) Nov 3 45 (b) Mrs. Frank Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3
year 1945 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from Oct. 4
_____, 1945 to Nov. 3, 1945.
that I last saw him alive on Nov. 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations (B)
Of autopsy _____

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 Richard J. Atchard (M. D. or D. O.)
Address Ozark, Missouri Date signed 11-3-45

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

1211

RECEIVED

Greene County Health Office

County File Number 45-11-88

Date Filed 11-21-45

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

H. H. Kelley

Licensed Embalmer No.

3334

P. O. Address

Seymour 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.