

S. No. 2
M-2-43
5-17-39
X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3045**

FILED FEB 11 1946

Registration District No. **27**

Primary Registration District No. **3127**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **WEBB CITY;**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **JANE CHINN HOSPITAL.**
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution **24 HOURS.**
(Specify whether
In this community **life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Jasper**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rt #1**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **24**
year **1946** hour **7:32** minute **0** A. M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him **did not attend** alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Shock.**
Broken Right Shoulder
Crushed Chest -
Internal Bleeding

Other conditions... (Include pregnancy within 3 months of death)
Major findings:
Of operations...
Of autopsy... **1700 78**
Physician **W. W. Bergelt**
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident 119**
(b) Date of occurrence **1/24/46**
(c) Where did injury occur? **Jasper Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, or farm, or industrial place, in public place?
Public Place. Hit by auto.
While at work? **NO** (Specify type of place) (e) Means of injury **Auto.**
Signature **W. W. Bergelt** (M. D. or other) **W**
Address **211 + Poplar** Date signed **1/24/46**

3. (a) PRINT FULL NAME **Capitolia Temple**

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

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

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

7. Birth date of deceased: **Sept 22 1862**
(Month) (Day) (Year)

8. AGE: Years **83** Months **4** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Effingham Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Jasper Doty**

13. Birthplace **Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Ruby**

15. Birthplace **Ill**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bus Temple**

(b) Address **Rt #1 Jasper MO**

17. (a) **Burial** (b) Date thereof **Jan 29 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Put in the ground**

18. (a) Signature of funeral director **W. W. Bergelt**
(b) Address **W. W. Bergelt**

19. (a) **JAN 25 46** (b) **W. W. Bergelt**
(Date received local registrar) (Registrar's signature)

1399 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

46-1-20

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

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb 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.