

5. No. 2  
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5-17-39  
1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9840

State File No. \_\_\_\_\_

FILED MAR 27 1946  
757

Primary Registration District No. 3028

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town CARTHAGE  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 50 YEARS  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER

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

(d) Street No. 819 E. 5TH ST.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jesse Gustave Dome

3. (b) If veteran, name war World War I 3. (c) Social Security No. 490-10-2863

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

6. (b) Name of husband or wife PEARL SPURGEON DOME 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: December 2 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>3</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Reeds MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business \_\_\_\_\_

12. Name ORIE J. Dome

13. Birthplace unknown g  
(City, town, or county) (State or foreign country)

14. Maiden name ADELIA COATS

15. Birthplace unknown g  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. PEARL DOME

(b) Address 819 E 5th - CARTHAGE, MO

17. (a) BURIAL (b) Date thereof MAR 24-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HARVEY CEMETERY

18. (a) Signature of funeral director KRILL MORTUARY

(b) Address CARTHAGE, MO

19. (a) 3-22-46 (b) P. B. Clinton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 20  
year 1946 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
did not attend 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature A. W. Berfelt (M. D. or other) MD  
Address 2114 Joplin Date signed 3/21/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

MAY 3 1946

MAR 29 1946

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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... *Lucy Kuee - Becknell*

Licensed Embalmer No. *2510*

P. O. Address... *Carthage, 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.**