

FILED JUN 13 1946

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 149

1. PLACE OF DEATH:

(a) County NEW MADRID

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

(c) Name of hospital or institution NO. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO. (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEW MADRID

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT ALLEN JETT.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 29 year 1946 hour 9:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 29 May 1946, to 29 May 1946, and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased FEB - 23 - 1946
(Month) (Day) (Year)

Immediate cause of death Cardiac failure Duration _____

Due to Congenital Cardiac Difficiency 3 mo

8. AGE: Years _____ Months 3 Days 6 If less than one day _____ hr. _____ min.

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

Due to _____

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Bob JETT

13. Birthplace Poplar Bluff, Mo
(City, town, or county) (State or foreign country)

14. Maiden name MORA SHARP

15. Birthplace MARSTON, Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline (the cause to which death should be charged statistically).

16. (a) Informant Bob JETT

(b) Address NEW MADRID

17. (a) BURIAL (b) Date thereof MAY 31 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POPLAR BLUFF

18. (a) Signature of funeral director Richard Under Co

(b) Address New Madrid, Mo

19. (a) 6-10-46 (b) Nelson L. Jones
(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) (e) Means of injury _____

Signature Louis J. Smith (M. D. or other) _____

Address New Madrid, Mo Date signed 6/9/46

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

16501

216

RECEIVED

District Health Office No. 21

District File Number 6-76-72

Date Filed 6-12-46

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.