

No. 2  
M-5-43  
5-17-39  
I-X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29924  
Registrar's No. 177

Registration District No. 107 Primary Registration District No. 3019

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Kennett  
(c) Name of hospital or institution: Snell Hospital  
(d) Length of stay: In hospital or institution. 2 Days  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Dunklin  
(c) City or town Kennett Mo  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fannie Jelker  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 15  
year 1946 hour 12 minute 30 P M.  
21. I hereby certify that I attended the deceased from Sept. 11  
1946 to Sept. 15 1946  
that I last saw her alive on Sept. 15 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 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 Aug 7 1869  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Due to Hypertension  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 77 Months 1 Days 8  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Canith MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name W.M. Jelker

13. Birthplace Canith MO  
(City, town, or county) (State or foreign country)

14. Maiden name Katie Jennie Jupp

15. Birthplace Nashville Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant East Jelker

(b) Address Canith, MO

17. (a) Buried (b) Date thereof 9-16-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem

18. (a) Signature of funeral director Smith and Co  
(b) Address Kennett MO

19. (a) 9-18-1946 (b) Carl Husband  
(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? \_\_\_\_\_  
(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 George O. Hummer (M. D. or other) \_\_\_\_\_  
Address Kennett MO Date signed Sept 19 1946

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

28760

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RECEIVED

District Health Office No. 2,

District File Number 946-1144

Date Filed 9-24-46

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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 Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address. Kennett 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.