No. 2
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5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33208

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 110

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Canaan
(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 Lucy Ann Jett

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 married

6. (b) Name of husband or wife F. M. Jett

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased March (Month) 28 (Day) 1863 (Year)

8. AGE: Years 83 Months 6 Days 28 If less than one day ✓ hr. ✓ min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Isaiah Shockley
13. Birthplace ✓ (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Rachel Crider
15. Birthplace ✓ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant F. M. Jett
(b) Address Bland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 28 (Day) 1946 (Year)
(c) Place: burial or cremation Bland Union Cemetery

18. (a) Signature of funeral director Milford H. H. Winter
(b) Address Owensville Mo.

19. (a) 10/31/46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26 year 1946 hour 8 minute 45 a.M.

21. I hereby certify that I attended the deceased from Oct 18, 46 19 to Oct 26 1946 that I last saw her alive on Oct 26, 46 19 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis, Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93E

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. Tom Mo (M. D. or other)

Address WASHINGTON MO Date signed 10/31/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 11/3/46
Date Filed

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Milford H. H. Winter

Licensed Embalmer No. 3738

P. O. Address Owensville 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.