

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37630**  
Registrar's No. **58**

FILED NOV 26 1946  
Registration District No. **179**

Primary Registration District No. **5667-4287**

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

17  
2  
0

36428

**1. PLACE OF DEATH:**

(a) County LINCOLN

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME** Willie Lafenia Jeans

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 Rolla Jeans

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

7. Birth date of deceased: OCTOBER 12 1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>72</u>	<u>1</u>	<u>8</u>	_____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name BENJAMIN MATTHEWS

13. Birthplace WARREN Co. MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET DYER

15. Birthplace WARREN Co. MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Rolla Jeans

(b) Address Troy Mo.

17. (a) BURIAL (b) Date thereof Nov. 22 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Cem. Troy, Mo.

18. (a) Signature of funeral director Kemp Funeral Home

(b) Address Troy Missouri

19. (a) Nov. 23-46 (b) Mrs. Emma B. Riddle  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County LINCOLN

(c) City or town TROY  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

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

21. I hereby certify that I attended the deceased from OCT 8 1946  
\_\_\_\_\_ 19 \_\_\_\_\_ to Nov 20 19 46  
that I last saw her alive on Nov 20 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia Duration 2 days

Due to Carcinoma of Liver 1 yr

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

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

Major findings: H6T

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

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 0

23. Signature H. S. Harris (M. D. or other) \_\_\_\_\_  
Address Troy MO Date signed 11-20-46

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JUL 1 1946

Date Filed 11-25-46

District File Number

District Health Officer No. 9,

RECEIVED

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 *Joseph J. Marsh*  
Licensed Embalmer No. *3932*  
P. O. Address *Troy, Missouri*

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.