

No. 2
S-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 26 1947
Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3002

7768
State File No. _____
Registrar's No. 44

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1032 W. Latney St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 years
years, months or days

3. (a) PRINT FULL NAME Isaac B. Jesse
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Susan Jesse
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 13, 1858
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>89</u> | <u>0</u> | <u>8</u> | hr. _____ min. |

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER {
12. Name William J. Jesse
13. Birthplace _____ Va. _____
(City, town, or county) (State or foreign country)
14. Maiden name Minerva Black
15. Birthplace _____ Unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leola Zuck
(b) Address Mexico, Mo.

17. (a) _____ (b) Date thereof March 22, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul E. Ombro

(b) Address Mexico, Mo.

19. (a) 3/22/47 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 1032 W. Latney St.
No (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1947 hour _____ minute 20 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to March 20, 1947
that I last saw him alive on 3-20-, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death:
Lobar pneumonia
Cardio-Respiratory

Due to Hypertension
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)
(c) Means of injury D
23. Signature J. Frank Miller (M. D. or other) Mo.
Address 117 E. Monroe Date signed 3/21/47

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

RECEIVED
District Health Officer No. 10
District File Number 247-573
Date Filed MAR 26 1947

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.....

..... Earl E. Procht, Registered Apprentice No.....
working under my personal supervision.

Signed Earl E. Procht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.