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X47070

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

FILED **MAY 26 1947**

Registration District No. **155** Primary Registration District No. **5580** Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Murphy**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jasper Co TB Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Jessie Imogene Dety**
(b) If veteran, name war.....
(c) Social Security No.....

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: **Oct 3 1923**
(Month) (Day) (Year)

8. AGE: Years **23** Months **7** Days **11** If less than one day hr. min.

9. Birthplace: **Hot City Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

MOTHER FATHER

11. Industry or business.....
12. Name **Homer Kay**
13. Birthplace **Murphy**
14. Maiden name **Melba Smigall**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records**
(b) Address.....

17. (a) **Burial** (b) Date thereof **May 18 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cartersville Cem**

18. (a) Signature of funeral director **Walt City**
(b) Address **Walt City Mo**

19. (a) **MAY 15 1947** (b) **W. H. Sisk**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Jasper**
(If outside city or town limits, write "RURAL")
(d) Street No. **2706 Geneva**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14**
year **1947** hour **3** minute **25 P** M.

21. I hereby certify that I attended the deceased from **April 22 1947** to **May 14 1947**
that I last saw her alive on **May 14 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculous Meningitis**
Due to **Tuberculous Right Kidney**

Due to.....
Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations **20**
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?

(Specify type of place) **0**
While at work? (c) Means of injury.....
Signature **Jesse E. Scaylaw** (M. D. or other)
Address **Hot City Mo** Date signed **5/14/47**

47-5-425

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 B. A. Legan
Licensed Embalmer No. 3979
P. O. Address Webb City, 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.