

S. No. 2
M-2-43
7-5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 8 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30722

Registration District No. 73

Primary Registration District No. 2291

Registrar's No. 57

1. PLACE OF DEATH:
(a) County Blair
(b) City or town Lebanon, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution J.O.O.F. Home Hosp 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 109 days
(Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Blair
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. J.O.O.F. Home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JENNIE GERTRUDE Davis
3. (b) If veteran, name war no
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 10
year 1947 hour 8 minute 40 P.M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Sept 7 - 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 18, 1947, to Sept. 10, 1947;
that I last saw her alive on Sept. 9, 1947;
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 0 Days 3
If less than one day hr. min.

Immediate cause of death acute circulatory collapse Duration 20 mins
Due to Coronary artery embolism 20 mins
Due to Coronary arteriosclerosis 20 yrs.
Other conditions Diabetes mellitus 15 yrs.
(Include pregnancy within 3 months of death)

9. Birthplace Eric Co, N.Y.
(City, town, or county) (State or foreign country)
10. Usual occupation Inmate J.O.O.F. Home

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 61
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name John Fitch
13. Birthplace Mich
(City, town, or county) (State or foreign country)
14. Maiden name Marj. Owen
15. Birthplace _____
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant J. E. I. Swanne Sept.
(b) Address J.O.O.F. Home Lebanon, Mo
17. (a) Rural (b) Date thereof Sept 12 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Cem. Appleton Mo
18. (a) Signature of funeral director H. G. L. Archer Co
(b) Address Lebanon, Mo
19. (a) Sept. 11, 1947 (b) Missouri Haynes
(Date received local registrar) (Registrar's signature)

23. Signature J. O. Schroeder (M. D. or other) MD
Address Lebanon, Mo. Date signed 9-11-47

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

24
9

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-7-47

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 _____

Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.