

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35404

State File No.

FILED OCT 21 1947

Registration District No. 303

Primary Registration District No. 6047

Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Rural, Curme
(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 John Jelovic

3. (b) If veteran _____ name was _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Jelovic

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 15 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>5</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Jugo Slavia
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name April Jelovic

13. Birthplace Jugo Slavia
(City, town, or county) (State or foreign country)

14. Maiden name April Jo. Janj

15. Birthplace Jugo Slavia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Jelovic

(b) Address Constell, Mo

17. (a) Burial (b) Date thereof 10/15/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Wm B. Mayall

(b) Address 1926 Allen

19. (a) 10-17-47 (b) Mrs Jean Lewis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(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 Oct day 12
year 1947 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 12, 1947, to Oct 12, 1947;
that I last saw him alive on 12 Oct, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration 1 Day

Due to Sum of coronary artery

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
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 _____

23. Signature Raymond A. Huger (M.D. or other) _____
Address Ward St, Mo Date signed Oct 16, 47

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

92
6
0

Date Filed 10-20-47
District File Number _____

District Health Officer No. 9,
RECEIVED

NOV 20 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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Ben O. Pearson

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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!