

No. 2
1/47
17-39

National Office of Vital Statistics
FILED APR 6 1948

State File No.
Registrar's No. 32

Registration District No. 388

Primary Registration District No. 5655

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sadalia
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Jesse D. Closser

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 3 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	9	17hr.min.

9. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name William Closser

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

14. Maiden name Betty Whitaker

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

16. (a) Informant Ethel McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Removal Date thereof Feb 21 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sadalia, Mo.

18. (a) Signature of funeral director H. D. Fossell

(b) Address Mt Vernon, Mo.

19. (a) 2/25/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1948 hour 10 minute 35 p. m.

21. I hereby certify that I attended the deceased from February 10, 19 48 to February 20, 19 48
that I last saw him alive on February 20, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration unknown

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 15 B

Major findings: Of operations

Of autopsy Pulmonary Tuberculosis

PHYSICIAN _____

Underline the cause of death which 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)

Means of injury

23. Signature [Signature] (M. D. or other) 2-21-48
Mo. State San., Mount Vernon, Mo.
Address

RECEIVED

District Health Officer No. 6,

District File Number 348-350

Date Filed MAR 31 1948

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.....

.....
working under my personal supervision.

By me Registered Apprentice No.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.