

FILED JAN 8 1949

State File No.

Registration District No. 119

Primary Registration District No. 5442

Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town "Rural" Richland Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1/2 mi. East of Morrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 years
years, months or days)

3. (a) PRINT FULL NAME AMANDA ELLEN JETT

3. (b) If veteran, _____ name war _____
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm J. Jett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 6 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 0 27 hr. min.

9. Birthplace Bay Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name James Johns
13. Birthplace Bay Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Curley
15. Birthplace Bay Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hugo J. Perle

(b) Address Gasconade Mo

17. (a) Burial (b) Date thereof 12-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gasconade City Cem.

18. (a) Signature of funeral director Hugo J. Perle

(b) Address Hermann Mo

19. (a) 12/6/48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Gasconade
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1948 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 3 1948 to Dec. 3 1948
that I last saw her alive on Dec 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute enterocolitis

Due to Uraemia

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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Hermann Mo Date signed 12/1/48

Duration

48 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
JAN 6 1949
Date Filed

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.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.