

Rev. 5-17-39
I 1931

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

Registration District No. 77 Primary Registration District No. 4041 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Centralia
(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
In this community years, months or days 2.6.7

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Boone
(c) City or town Centralia
(If outside city or town limits, write "RURAL")
(d) Street No. 217 S. Allen
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME LILLIAN DEJARRATT
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 13 year 1940 hour 30 minutes 30 P. M.
21. I hereby certify that I attended the deceased from Feb. 2, 1940 to Feb. 13, 1940
that I last saw him alive on Feb. 13, 1940
and that death occurred on the date and hour stated above.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife H. W. DeJarratt
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Aug 9 1881
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy
Duration 10 days
Due to
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.

8. AGE: Years 58 Months 6 Days 4 If less than one day hr. min.
9. Birthplace Lee Davis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business
12. Name J. R. G. Bessey
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Martha M. Bessey
15. Birthplace Adair Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lillian DeJarratt
(b) Address Centralia Mo.
17. (a) Burial, cremation, or removal Burial (b) Date thereof 2-15-40
(Month) (Day) (Year)
(c) Place: burial or cremation Centralia Mo.
18. (a) Signature of funeral director W. M. Borden
(b) Address Centralia Mo.
19. (a) Date received local registrar 2/15/40 (b) F. W. Borden Mo.
(Registrar's signature)

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 Frank W. Borden (M. D. or other)
Address Centralia Mo. Date signed 2/14/40

JUL 8 1954

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..... 2589

Licensed Embalmer No. *M. J. McDaniel*

P. O. Address. *Coatsville 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, above space should be left blank.