DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7678

Registration District No. 662 Fifth Mad Primary Registration District No. 5878 5878 Registrar's No.

1. PLACE OF DEATH:

(a) County Perry

(b) City or town ~~Menfro~~ Mo.
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

(c) City or town Menfro Mo.
(If outside city or town limits, write "RURAL")
0

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jesse Francis DeLassus

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie DeLassus

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

7. Birth date of deceased Aug. 28 (Month) 1865 (Day) (Year)

8. AGE: Years ~~73~~ 74 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Post Master

11. Industry or business

FATHER
12. Name C. E. DeLassus
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Mattie Walton
15. Birthplace (City, town, or county) Georgia (State or foreign country)

16. (a) Informant's own signature Mrs. Thos Sodler
(b) Address Menfro Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28 1940 (Month) (Day) (Year)
(c) Place: burial or cremation York Chapel (Perry Co.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville, Mo.

19. (a) Jan 28-40 (Date received local registrar) (b) Joe Zoellner (Local Reg's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26 year 1940 hour 10 minute 10A M.

21. I hereby certify that I attended the deceased from Jan 17, 1940, to Jan 26, 1940, that I last saw him alive on Jan 23, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial degeneration	6 mo
Due to Old age + toxic absorption	
Due to Jam diseased teeth - Cracking - Pyorrhea	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jerome J. Bredell (M. D. or other)
Address Perryville, Mo Date signed 1-27-40

(Licensed Embalmer's Statement on Reverse Side)

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.

APR 5 1946

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. Edward G. Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.

No. 2B
2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7678

Registration District No. 662 Primary Registration District No. 2878 Registrar's No.

1. PLACE OF DEATH:
(a) County Perry
(b) ~~City or town~~ Bois Brule Rural
(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 years, months or days)
In this community

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) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jesse Francis DeLasme
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced wd
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased Aug - 28 - 1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name (Father)
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name (Mother)
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 4-13-40 (Date received local registrar) (b) W H Abernathy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jerome Bredell (M. D. or other)
Address Perryville Mo. Date signed

SUPPLEMENTARY