

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.

JUL 22 1940

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**25985**  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Phelps Registration District No. 677  
 (b) Township 0 Primary Registration District No. 4403 Registered No. 73  
 (c) City Rolla (d) Street No. McLaird Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Jeymore  
 (a) Residence, No. Belle Missouri St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Borene

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29, 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>26</u>	<u>9</u>	<u>20</u>	<u>20</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Game Dealer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle Missouri

FATHER  
 13. NAME Walter Jeymore  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER  
 15. MAIDEN NAME Myrtle Carter  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs. Jeymore Belle, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cem DATE 6/15/1940  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Dickelides Belle, Mo  
 20. FILED June 14, 1940 J. F. Ayers Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13, 1940

I HEREBY CERTIFY, That I attended deceased from 9:45 p.m. 6/13, 1940 to 11:25 p.m. 6/13, 1940

I last saw him alive on 6/13/40, 19..... Death is said to have occurred on the date stated above, at 11:25 p.m.

The principal cause of death and related causes of importance were as follows:  
Skull fracture over right eye  
eye torn out brain contusion  
skull fracture, both legs fractured  
fractured from the force of the foot  
large tear in the soft tissue  
 Other contributory causes of importance

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 6/13, 1940  
 Where did injury occur? 5 miles S. of Belle, Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Highway # 29  
 Manner of injury Struck by Automobile  
 Nature of injury at Cause of Death

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_  
 (Signed) Walter Jeymore M. D.  
 (Address) Rolla, Mo

**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.

**RECEIVED**

District Health Officer No. 5,

District File Number 749 799

Date Filed 7-22-40

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, above space should be left blank.**