

FILED MAR 25 1941

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

8436

Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 568
 (b) Township Sherrill Primary Registration District No. 6149104 Registered No. 5
 (c) City _____ (d) Street No. _____ 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

JERRY DOE JR.
 (a) Residence, No. Rural Texas Co. St. 1090
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 10 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Texarkana, Ark.

FATHER
 13. NAME Jerry Doe Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texarkana, Ark.

MOTHER
 15. MAIDEN NAME Plina D. Doe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texarkana, Ark.

17. INFORMANT (ADDRESS) Dr. H. H. Reed

18. BURIAL, CREMATION, OR REMOVAL PLACE Landlender DATE Dec 15, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. H. H. Reed

20. FILED 12/14, 1940 H. H. Reed Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1940 to Dec 13, 1940

I last saw him alive on Dec 11, 1940 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

Double Broncho pneumonia Date of onset _____

Other contributory causes of importance: None

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? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. H. Reed, M. D.

Address Texarkana

RECEIVED

District Health Officer No. 5,

District File Number 341405

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.....

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.