S. No. 2
—1-4-41
. 5-17-39
PI X28390

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. 34726

FILED NOV 4 1941

Registration District No. 273 Primary Registration District No. 3014 Registrar's No. 308

1. PLACE OF DEATH:
(a) County Cole
(b) City or town St. Louis City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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 Ark. (b) County Mississippi
(c) City or town Blytheville, Ark.
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Jessie May Eberdt
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fe
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Geo
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased May (Month) 2 (Day) 1875 (Year)
8. AGE: Years 66 Months 5 Days 24 If less than one day ..... hr. ..... min.
9. Birthplace Nauvoo (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name George Dunlap
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Teresa Becker
15. Birthplace Central America (City, town, or county) (State or foreign country)
16. (a) Informant J. L. Eberdt
(b) Address 1930 Hulston Dr.
17. (a) Interment (Burial, cremation, or removal) (b) Date thereof Oct 29-41 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Lemon Funeral
(b) Address 700 Jefferson
19. (a) October 27-1941 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/26/41 day ..... year ..... hour 5 minute 10 A.M.
21. I hereby certify that I attended the deceased from 10/13/41, 19..., to 10/26/41, 19..., that I last saw her alive on 10/25/41, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	15 min
Due to: Coronary Artery disease	3 days
Due to: Diabetes	12 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
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? .....
While at work? ..... (Specify type of office)
(e) Means of injury .....

23. Signature Robert Cowley (M.D. or other)
Address Hutchinson Clinic Date signed 10/27/41

27-1941 OTT (Licensed Embalmer's Statement on Reverse Side)

FEB 1 8 1942

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 L. H. Anderson

Licensed Embalmer No. 3641

P. O. Address Jefferson City, M

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.