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5-17-49
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FILED OCT 20 1943 46

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34297

State File No. _____

Registration District No. 46

Primary Registration District No. 5153

Registrar's No. 38

1. PLACE OF DEATH:

(a) County CALDWELL

(b) City or town KINGSTON, RURAL Kingston
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Caldwell

(c) City or town Rural Kingston
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mi. west of Kingston
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JIMMIE DAVID BEBOUT

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 SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 12 hr. _____ min.

9. Birthplace KINGSTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name ROY ALFRED BEBOUT

13. Birthplace KINGSTON MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH ANN WALLACE

15. Birthplace KIDDER MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Roy A. Bebout

(b) Address KINGSTON, MISSOURI.

17. (a) BURIAL (b) Date thereof 9 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KINGSTON CEMETERY

18. (a) Signature of funeral director CRAMER CLARK

(b) Address KINGSTON, MO.

19. (a) 9/27/43 (b) Coverline Yarnette Depuy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 24
year 43 hour 9⁰⁰ minute A. M.

21. I hereby certify that I attended the deceased from 9-23-43
1943 to 9-24- 1943

that I last saw him alive on 9-24- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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Duration _____

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 place)

Means of injury _____

23. Signature C. Bloom (M. D. or other) _____

Address Cameron, Mo. Date signed 9-24-43

96 (Licensed Embalmer's Statement on Reverse Side)

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

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, fact should be so stated above.