

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14188**  
Registrar's No. **379**

FILED MAY 11 1944  
Registration District No. **42**

Primary Registration District No. **1800**

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

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph  
 (c) Name of hospital or institution: 1211 Monterey St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 years  
 In this community 7 years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
 (d) Street No. 1211 Monterey St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Jerissee Bell Peters  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 7 year 1944 hour 7 minute 45 P.M.  
 21. I hereby certify that I attended the deceased from Mar 15 - 1944  
Apr 7 - 1944 to 19  
 that I last saw her alive on Apr 7, 1944  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife John  
 6. (c) Age of husband or wife if alive Dead years 10, 1867  
 7. Birth date of deceased: November (Month) 10 (Day) 1867 (Year)

Immediate cause of death Amasuria  
 Due to Diabetes Mellitus

8. AGE: Years 76 Months 4 Days 27  
 If less than one day hr. min.

Due to 61  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations  
 Of autopsy

9. Birthplace Estell County, Kentucky  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housekeeper

11. Industry or business Self  
 12. Name Joseph W. Randall  
 13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Margaret Snowden  
 15. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

16. (a) Informant 4009 King Hill Ave., City  
 (b) Address Burial

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, Mo.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) (Burial, cremation, or removal) Benton Cemetery, Mound  
 (b) Date thereof 4/11/44  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation

18. (a) Signature of funeral director John E. Crupp  
 (b) Address 6954 Pryor Ave. City  
 19. (a) 4/11/44 (b) Rae Hertzog  
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury 0  
 23. Signature Jaechonius K. M.D. (M. D. or other title)  
 Address Mound City, Mo. Date signed 4-8-44

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