

S. No. 2  
M-8-43  
7-5-17-39  
I X37823

41659

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 29 1945

Registration District No. 17

Primary Registration District No. 5-65-8

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Stotts City Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

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

(d) Street No. \_\_\_\_\_ (Rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry August Jeker

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Jeker

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June 5 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 4 27 hr. min.

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

10. Usual occupation Farmer

11. Industry or business agriculture

12. Name Ernest Jeker

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Carolina Adam

15. Birthplace Germany 11  
(City, town, or county) (State or foreign country)

16. (a) Informant The Mary Jeker

(b) Address Stotts City MO

17. (a) burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial

18. (a) Signature of funeral director Geo. B. Orr

(b) Address W. Vernon Mo

19. (a) 11-13-45 (b) W. B. Beung  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2  
year 1945 hour 5:10 minute a M.

21. I hereby certify that I attended the deceased from Nov 2 1945  
that I last saw him alive on 11-2 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Very sudden  
Mortally angina  
pictosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: PA Halmer

Of operations \_\_\_\_\_

Of autopsy AW

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

22. If death was due to external causes, fill in the following:

(c) 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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature PA Halmer (M.D. or other) \_\_\_\_\_  
Address W. Vernon Mo Date signed 11-3-45

RECEIVED

District Health Officer No. 6,

District File Number 1243-1163

Date Filed 12-18-45

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

*George B. Orr*

Licensed Embalmer No. 946

P. O. Address Mr. Vernon, 7 No.

**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.**