. No. 2
M—2-43
5-17-39
1 X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14164

State File No.

FILED APR 24 1946

Registration District No. 294 Primary Registration District No. 3056-608 Registrar's No. 63

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township) Prairie
(c) Name of hospital or institution: R.F.D. #4 Clark. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Entire Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. R.F.D. #4 Clark. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME JESSE GRUBB SETTLE
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Settle
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased February (Month) - 14 (Day) - 1871 (Year)

8. AGE: Years 75 Months 0 Days 24 If less than one day hr. min.

9. Birthplace Randolph Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Jesse G. Settle
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha Morris
15. Birthplace Boone Co (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. J. G. Settle
(b) Address R.F.D. #4 Clark Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) - 14 (Day) - 46 (Year)
(c) Place: burial or cremation Chapel Grove
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Missouri
19. (a) Mar 12-46 (Date received local registrar) (b) Dale Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1946 hour about minute 1 P.M.
21. I hereby certify that I attended the deceased from Coroner Came, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Burned to death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) Accident 88
(b) Date of occurrence March. 12-1946
(c) Where did injury occur? Randolph Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On his farm. (Specify type of place)
While at work Fighting fire Means of injury Fire

23. Signature R H Williams (M. D. or other) 0
Address Moberly Mo. Date signed 3-14-46

269 (Licensed Embalmer's Statement on Reverse Side) Coroner Randolph Co.

RECEIVED
District Health Officer No. 10
District File Number 4-46-829
Date Filed APR 22 1946

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly Mo.

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.