DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 526

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42538

Primary Registration District No. 5-7-3-3-A 5772 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town California, Rural Hrr

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Moniteau 68

(c) City or town California Rural 0

(If outside city or town limits, write "RURAL") 0

(d) Street No. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jemima Jane Medlen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joe Medlen

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

7. Birth date of deceased Feb. (Month) 26 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
83	9	19	hr. min.

9. Birthplace High Point (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER

12. Name William Ratcliff

13. Birthplace High Point (City, town, or county) Mo. (State or foreign country) 0

MOTHER

14. Maiden name Alice Son

15. Birthplace High Point (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Harry Medlen

(b) Address California, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16th. 41 (Month) (Day) (Year)

(c) Place: burial or cremation Woodman Cem.

18. (a) Signature of funeral director G.N. Stevens

(b) Address Russellville, Mo.

19. (a) 12/- (Date received local registrar) (b) Margaret Martine (Registrar's signature)

0/2

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15 year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 5-23-1940 to 9-15-1940 that I last saw her alive on 9-15-1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	10 years
Coronary Thrombosis	
Due to Fracture of Arm	
Due to May 23 1940	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy No

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 0/68

(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 H.R. Popejoy (M. D. or other) 0

Address California Mo Date signed 12-19-41

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 G M Steffens

Licensed Embalmer No. 2307

P. O. Address Russellville

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, above space should be left blank.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42538

Registration District No. 576 Primary Registration District No. 5773 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gemima J. Medlen
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 26 (Day) 1858 (Year)

8. AGE: Years 83 Months 9 Days 18 (If less than one day hr. min.)

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
(a) Immediate cause of death Fracture of Arm	
Due to 5-23-40	
Due to to a fall from which she never entirely	
Other conditions. recovered (Include pregnancy within 3 months of death)	
Major findings: Of operations 146 a 14	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. R. Pogue (M. D.)
Address California, Mo. Date signed

SUPPLEMENTARY