

JAN 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8:45 AM

46253
Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 649
 (b) Township Walton Primary Registration District No. 5360
 (c) City McClung Mo (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 16 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1874

7. AGE YEARS 63 MONTHS 0 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. 1
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2 Mich 2

FATHER 13. NAME Lamey Jones 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Betty Sallee 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) J. W. Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Nov. 13 1937

19. FUNERAL DIRECTOR (ADDRESS) W. H. Bross

20. FILED Nov 12 1937 Hattie G. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1937, to Nov 12, 1937

I last saw him alive on Nov 11, 1937. Death is said to have occurred on the date stated above, at 8:50 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset Nov 4/37
1070

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? Phys. Examination Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) P. M. Norman, M. D.
 (Address) Ova Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. R. M. Norman

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer 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.)