

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

11265
 Do not use this space.

REC'D APR 20 1938

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467

(b) Township Aurora Primary Registration District No. 4280 Registered No. 16

(c) City Aurora (d) Street No. 914 Oak Ave St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Burrel D Jones 520

(a) Residence, No. 914 Oak Ave 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 Josephine Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 20-1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>83</u>	<u>6</u>	<u>19</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Minister

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Paduca (STATE OR COUNTRY) Kentucky

FATHER

13. NAME N. P. Jones

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Mary E Jones

16. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) _____

17. INFORMANT Mrs Josephine Jones (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Mar, 13 19 38

19. FUNERAL DIRECTOR King Funeral Home (ADDRESS) Aurora Mo.

20. FILED 3-11 1938 R. H. Cowan, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1938

22. I HEREBY CERTIFY, That I attended deceased from after death to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6.00A.M.

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

Myocarditis

Date of onset _____

Other contributory causes of importance: 9321

Name of operation None Date of _____

What test confirmed diagnosis? Palmer Co. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None 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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) German Durridge Corona M.D.

(Address) Aurora Mo

STATEMENT BY LICENSED EMBALMER

I, Herman Surridge, Licensed Embalmer No. 3072

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 3072 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Herman Surridge

Licensed Embalmer No. 3072

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.)