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.

DEC'D AUG 23 1938

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

24652
Do not use this space.

1. PLACE OF DEATH
(a) County Bates — Registration District No. 29
(b) Township Osage — Primary Registration District No. 0005 — Registered No. 29
(c) City Rich Hill — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Daniel Jones 520
(a) Residence, No. 500--5th. St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug.-14-1860
7. AGE: YEARS 77 — MONTHS 10 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Engineer
9. Industry or business in which work was done, as saw mill, bank, etc.: Railroad
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Wales British Isles.

FATHER
13. NAME: David Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Dinah Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. Rachel Loth R.F.D. Rich Hill, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE July, 6, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Booths Rich Hill, Mo.
20. FILED July 6, 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 — 1938

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1938, to July 4, 1938
I last saw him alive on July 4, 1938. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Disease with Edema of Feet & Legs and Paralysis of both Legs	7/16/36
Terminal Postural Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

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) [signature], M. D.
(Address) Rich Hill, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, John G. Underwood, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Rich Hill Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.