

REC'D AUG 11 1938

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

24720

Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
 (b) Township Primary Registration District No. 1001 Registered No. 679
 (c) City ST. JOSEPH (d) Street No. ST. JOSEPH HOSPITAL 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.
 HOURS 5 1/2

2. PRINT FULL NAME GRACIE S. JONES

(a) Residence, No. NAPIER MO. 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 F 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-21-1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 2 16

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

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

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

12. BIRTHPLACE (CITY OR TOWN) CLARINDE (STATE OR COUNTRY) IOWA13. NAME ELMER M. JONES14. BIRTHPLACE (CITY OR TOWN) NEW MARKET (STATE OR COUNTRY) IOWA15. MAIDEN NAME CORA B. SMITH16. BIRTHPLACE (CITY OR TOWN) CLARINDA (STATE OR COUNTRY) IOWA17. INFORMANT MRS. CORA B. JONES (ADDRESS) NAPIER MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE CLARINDA IOWA DATE JULY-5-193819. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO20. FILED July 4, 1938 H. J. Neathorn Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2 193822. I HEREBY CERTIFY, That I viewed deceased from 7-3 1938 to 19 1938I last saw h. 11-5 P alive on 7-3 1938. Death is saidto have occurred on the date stated above, at 11-5 P

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

Tetanus following
crinoid of the
Date of onset July 2Other contributory causes of importance: 1950Name of operation History Date of 7-2What test confirmed diagnosis History Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 7-2 1938Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury HomeNature of injury History24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) R. M. Tadlock M. D.85 (Address) King Hill Bldg

STATEMENT BY LICENSED EMBALMER

I, J Fred Terhune, Licensed Embalmer No. 1729
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J Fred Terhune
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J Fred Terhune
Licensed Embalmer No. 1729

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.)