

1938 OCT 7 1938

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

31623
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 40
 (b) Township..... Primary Registration District No. 4024 Registered No. 45
 (c) City Lamar (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 Wesley B. Jones

(a) Residence, No. 5 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
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23-1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 5 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired laundryman
 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) Wellington
 (STATE OR COUNTRY) Kansas

FATHER 13. NAME John Wesley Jones

14. BIRTHPLACE (CITY OR TOWN) Fredricktown
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary C. Chance

16. BIRTHPLACE (CITY OR TOWN) Waverly
 (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs. George Flanders
Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellington, Kansas DATE Sept 16, 1938

19. FUNERAL DIRECTOR (ADDRESS) Konantz's
Lamar, Mo.

20. FILED Sept 15, 1938 Mrs. Josephine Myrath
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14th 1938

22. I HEREBY CERTIFY That I attended deceased from Sept-14, 1938 to Sept-14, 1938
 I last saw him alive on Sept 14, 1938 Death is said to have occurred on the date stated above, at 7:50 P. m.

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

Typhoid
1938
 Date of onset

Other contributory causes of importance:

Name of operation No Date of
 What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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?
 If so, specify C. E. Duckett, M. D.
 (Signed) Lamar, Mo. (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6;

District File Number 6-38-222

Date Filed 10/1/38

STATEMENT BY LICENSED EMBALMER

I, Carl J. Komanty, Licensed Embalmer No. 2247

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

No. L. E. James E. Sweeney or by James E. Sweeney, Registered Apprentice No. 135
working under my personal supervision.

Signed Carl J. Komanty
Licensed Embalmer No. 2247

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

31623

Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 40
(b) Township Primary Registration District No. 40 24 Registered No. 45-
(c) City Lancaster (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) 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 Wesley B. Jones

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Sept 15 1938 Mrs. Josephine Mymatt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) C. E. Duesett M. D.

(Address) Lancaster

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

