

OCT 26 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33407  
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 795  
(b) Township Grand Pass Primary Registration District No. 16038  
(c) City Grand Pass (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.

Registered No. 51

2. PRINT FULL NAME

Ella A. Jones  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 8 13

OCCUPATION 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) USA

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Lester D. Jones  
Grand Pass Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand Pass DATE 9-14 1938

19. FUNERAL DIRECTOR (ADDRESS) Willis Funeral Home  
Carrollton Mo

20. FILED 9-14 1938 Rapmond L. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-1938

22. I HEREBY CERTIFY, that I attended deceased from Aug 1 1938, to Sept 12 1938  
I last saw her alive on Sept 12 1938. Death is said to have occurred on the date stated above, at 9 a m.  
The principal cause of death and related causes of importance were as follows:

apoplexy  
arterio sclerosis  
Other contributory causes of importance: old

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) S. P. Duncanson, M. D.  
(Address) Marshall 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10/2/38

STATEMENT BY LICENSED EMBALMER

I, J. E. Melio, Licensed Embalmer No. 1783  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed J. E. Melio  
Licensed Embalmer No. 1783

**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.)**