

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

42224  
Do not use this space.

1. PLACE OF DEATH **Parton** Registration District No. **40**  
 (a) County **Parton** 2  
 (b) Township **Hamar** Primary Registration District No. **4024**  
 (c) City **Hamar** (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 **Martin Jones**  
 (a) Residence, No. **305 N. Ky.** 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 **Widowed**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret J. Davis Jones**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 26-1863**  
 7. AGE YEARS **75** MONTHS **11** DAYS **3** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. **Farmet-Retired**  
 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) **Barneveld** (STATE OR COUNTRY) **Wisconsin**

FATHER 13. NAME **William C. Jones**

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

MOTHER 15. MAIDEN NAME **Hannah Jones**

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

17. INFORMANT **Mrs. M. S. Hurst** (ADDRESS) **Hamar, Mo.**

18. BURIAL, CREMATION OR REMOVAL PLACE **Lake Cemetery** DATE **Dec. 30, 1938**

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

20. FILED **Dec. 30 1938** **Mrs. Josephine Mynatt** (Address) **Hamar, Mo.**  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 29, 1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **Sept. 1, 1938**, to **Dec. 29, 1938**  
 I last saw him alive on **Nov. 3, 1938**, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **9:30 a.m.**  
 The principal cause of death and related causes of importance were as follows:

**Cardio-Renal-Vascular Disease**  
 Date of onset **12/1**

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 **Hosp. St. Miller**, M. D.  
 (Signed) \_\_\_\_\_ (Address) **Hamar, Mo.**

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

50M-7-20-37 I X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Carl F. Kowantz, Licensed Embalmer No. 2247

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 Carl F. Kowantz  
Licensed Embalmer No. 2247

**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.)**