

REC'D JAN 18 1939

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

42695

Do not use this space.

1. PLACE OF DEATH
(a) County Chariton Registration District No. 169
(b) Township _____ Primary Registration District No. 4098
(c) City Cremersville (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 Wallace Isaac 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 <u>M</u> | 4. COLOR OR RACE <u>N</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen Childs Jones</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-6-1882</u> | | |
| 7. AGE YEARS <u>36</u> | MONTHS <u>8</u> | DAYS <u>18</u> |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Laborer</u> | | 11. Total time (years) spent in this occupation |
| 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) |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Mo.</u> | | |
| FATHER | 13. NAME <u>Turner Jones</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway Co. Mo.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Frances Patterson</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Merigold City Mo.</u> | |
| 17. INFORMANT (ADDRESS) <u>Bessie Turner</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dewitt Mo. Cem</u> DATE <u>12/27</u> 19 <u>38</u> | | |
| 19. FUNERAL DIRECTOR (ADDRESS) <u>Willis Funeral Home</u> | | |
| 20. FILED <u>Dec 24, 1938</u> <u>Harry E. Tatum</u> Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 - 1938

22. I HEREBY CERTIFY, That I attended deceased from I saw him when he to was dying 1938
I last saw him alive on 1938 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary hemorrhage - 243
tuberculosis - 221
eyes

Other contributory causes of importance:
tuberculosis

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Harry E. Tatum, M. D.
(Address) Cremersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

I X12004

SEP 23 1949

Date Filed 11/13/39
District File Number

District Health Officer No. 8,

RECEIVED

STATEMENT BY LICENSED EMBALMER

I, Ralph Van Landingham Licensed Embalmer No. 4009

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 Ralph Van Landingham
Licensed Embalmer No. 4009

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.)