

DEC'D FEB 21 1939

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

2612

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
(b) Township Prepre Primary Registration District No. 5553B
(c) City Little Blue Mo. (d) Street No. Jackson Co Home Registered No. 28
(e) Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 MAINDA JONES
(a) Residence, No. 2308 E. 17th 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 Female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

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

7. AGE YEARS 88 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

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. home employed
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) Virginia

FATHER 13. NAME Joseph Powell

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

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mr. Ferguson

(ADDRESS) 2308 E. 17th

18. BURIAL, CREMATION, OR REMOVAL 2-9-39

Place Blue Ridge Town DATE _____

19. FUNERAL DIRECTOR (NAME) Flynn & Greenstreet

(ADDRESS) K.C. Mo.

20. FILED Feb 6 39 William J. Fields
Local Registrar.

MEDICAL CERTIFICATE OF DEATH / 11:00 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 18-39, 19

22. I HEREBY CERTIFY That I attended deceased from Dec. 15 - 1938, to Jan. 8, 1939

I last saw him alive on Jan. 8, 1939. Death is said

to have occurred on the date stated above, at 11 a.m.

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

Arterio-sclerotic Insufficiency

Date of onset

Other contributory causes of importance: 92.0

Name of operation none Date of _____

What test confirmed diagnosis? Phys. Exam 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?

If so, specify _____

(Signed) L. W. Booker, M. D.

(Address) 2028 Vine St

36.2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

..... or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Edw J. Evans

Licensed Embalmer No.....

3836

P. O. Address.....

2819 E 15th St
Tomb

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.)

If this body is not embalmed, above space should be left blank.