

REC'D FEB 16 1939

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

3115
Do not use this space.

1. PLACE OF DEATH

(a) County Miller 2 Registration District No. 562
 (b) Township Richwoods Primary Registration District No. 5757
 (c) City Haskell, Mo. R. 1 (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

(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 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 Alice Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 9 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer as School Teacher
 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) 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Unionville, Mo. 0
 (STATE OR COUNTRY)

FATHER 13. NAME Jones
 14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Montgomery
 16. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Clare Jones
Haskell, Mo. - R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Kemper Cem. Hayden, Mo. DATE 12/25 38

19. FUNERAL DIRECTOR (NAME) C. C. Casey
 (ADDRESS) Hayden, Mo.

20. FILED Feb. 6 1939 Mrs. W. A. Van Grump
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1938, to December 20, 1938.
 I last saw him alive on December 20, 1938. Death is said to have occurred on the date stated above, at 7:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocardial failure
of cancer of the prostate
glands
51

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) Wm. G. Gould M. D.
Hayden Mo. 476 (Address)

Received

RECEIVED

Miller County Health Dept

County File Number

42 39-2

Date Filed

2-10-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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