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.

REC'D FEB 25 1939

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

3312
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway Registration District No. 625
(b) Township or City Maryville Primary Registration District No. 3031 Registered No. 1
(c) (d) Street No. 1417 East 3rd 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 52 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Elihu Jones
(a) Residence, No. 1417 East 3rd 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Luella Parrish
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1871
7. AGE Years 67 Months 5 Days 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. janitor
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) 1-39
11. Total time (years) spent in this occupation 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Graham Mo.

FATHER
13. NAME Alfred Treece Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Mary Louisa Canter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Rushville Mo.

17. INFORMANT (ADDRESS) Harry Dean Jones Maryville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE Jan 4 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W D Campbell Maryville Mo.
20. FILED Jan 4, 1939 Mamie E. Clardy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2, 1939
22. I HEREBY CERTIFY, That ~~I attended deceased from ....., 19...., to ....., 19....~~
~~I last saw him alive on ....., 19....~~ Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of brain	1-2

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Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 1-2, 1939
Where did injury occur? Maryville, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. lodge hall
Manner of injury gunshot
Nature of injury lacerated wound of brain

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chas. D. Humberd M. D.
(Address) Coroner, Nodaway Co., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 W. Dean Campbell, Registered Apprentice No. ..... working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2630

P. O. Address Maryville M

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

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