

REC'D FEB 15 1939

MISSOURI STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

4167
Do not use this space.

1. PLACE OF DEATH

(a) County Texas(b) Township Piney(c) City Houston

(d) Street No. _____

Registration District No. 863Primary Registration District No. 6137Registered No. 4

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

yrs. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____

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

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

Never married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th, 1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

28

9

17

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

None

9. Industry or business in which work was done, as saw mill, bank, etc.

None

10. Date deceased last worked at this occupation (month and year) One month and work

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Texas County Mo.

FATHER

13. NAME

Edward Jones

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

Texas County Mo.

MOTHER

15. MAIDEN NAME

Della Womack

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

Texas County Mo.

17. INFORMANT (ADDRESS)

Mrs. Della Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE

Oak DaleDATE Feb. 8th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

G. V. Elliott Houston Mo.

20. FILED

Feb 7 1939Mabel Shoemaker

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb. 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 1936, to Feb 7, 1939I last saw him alive on Feb 7, 1939 Death is saidto have occurred on the date stated above, at 6-39 A.M.

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

Coronary Thrombosis

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? 1

If so, specify _____

(Signed) G. V. Elliott, M. D.(Address) Houston Mo.

STATEMENT OF THE LICENSED EMBALMER
CONCERNING THE EMBALMING OF THE BODY
OF THE DECEASED

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 *Gaylord J. Ellis*

Licensed Embalmer No. 2252

P. O. Address Houston Mo.

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.