

REC'D MAR 16 1939

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

7000

Do not use this space.

1. PLACE OF DEATH

(a) County Asayette Registration District No. 461
 (b) Township _____ Primary Registration District No. 3034 Registered No. _____
 (c) City Lepington (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

Manuel Johnson 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 Sept 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman
 9. Industry or business in which work was done, as saw mill, bank, etc. Coal mine
 10. Date deceased last worked at this occupation (month and year) 3 yrs 11. Total time (years) spent in this occupation 40 yrs

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

FATHER 13. NAME Horry Jones

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

MOTHER 15. MAIDEN NAME Arbelia Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lepington mo
Asayette

17. INFORMANT (ADDRESS) Horry A. Jones
Lepington mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lepington DATE Mar. 1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. M. L. Dick

20. FILED Mar 5 1939 Delia Bates
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1938, to Feb 25, 1939

I last saw him alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 12:50 p.m.

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

Chronic nephritis
 Bronchial ecchyma
 (Chronic)
 Chronic myocardial disease

Other contributory causes of importance: 121

Name of operation none Date of _____

What test confirmed diagnosis? P. E. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicidal no Date of injury _____, 1939

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) H. D. West M. D.

(Address) Lepington, mo.

(21)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3/19/39

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 *L. J. Harris Sr.*

Licensed Embalmer No. *3388*

P. O. Address *Lexington 24*

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.