

MAILED MAY 18 1939

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

15266  
Do not use this space.

1. PLACE OF DEATH

(a) County KNOX Registration District No. 441  
(b) Township Center Primary Registration District No. 4259  
(c) City Edina (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 60 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jennie Jones

(a) Residence, No. Edina, Mo. 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 F 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 Henry Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-25-1852.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
86 5 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME uk. Overton.

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

15. MAIDEN NAME Clora Monday.

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

17. INFORMANT (ADDRESS) Pearl Morrison.  
Edina, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Linville. DATE 4-12-1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Reed Hudson  
Edina, Mo.

20. FILED 4-13 1939 Mrs. C. M. Smith  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1937, to 4-10, 1939

I last saw her alive on 4-10, 1939. Death is said to have occurred on the date stated above, at 11:40 P.M.

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

Renal failure Date of onset 6-3-37

Other contributory causes of importance: H/O

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

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) Frederick S. Belmont M.D.  
Edina, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-811

Date Filed MAY 9 1939

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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 comply with the above constitutes grounds for revocation of license.)**

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