

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15308  
Do not use this space.

(1933) MAY 18 1939

1. PLACE OF DEATH

(a) County Lafayette

Registration District No. 460

(b) Township Dover

Primary Registration District No. 5623

(c) City Higginsville

(d) Street No. \_\_\_\_\_

Registered No. 25

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

2. PRINT FULL NAME

Edgar T. Jones

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_

Confederate Home  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 7, 1847</u>		
7. AGE YEARS <u>91</u>	MONTHS <u>6</u>	DAYS <u>29</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME \_\_\_\_\_

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT Rymer Kirby  
(ADDRESS) Confederate Home of Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Confederate Home of Mo. DATE April 7, 1939

19. FUNERAL DIRECTOR (NAME) A. H. Hader  
(ADDRESS) Higginsville Mo.

20. FILED May 2 1939 Tiffany Webb  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1939

I HEREBY CERTIFY, that I attended deceased from Dec 13, 1937 to Apr 5, 1939

I last saw him alive on Apr 5, 1939. Death is said to have occurred on the date stated above, at 4:45 pm.

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

Apoplexy  
Bronchial Pneumonia  
Senility  
Atherosclerosis

Other contributory causes of importance: none

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? \_\_\_\_\_ 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? no  
If so, specify \_\_\_\_\_

(Signed) Confederate Home M. D.  
(Address) Higginsville, 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. 8,  
File Number  
5/4/39  
Filed

**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 *Charles Dickhof*  
Licensed Embalmer No. *3637*  
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.**