

REC'D MAY 18 1939

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

15730  
Do not use this space.

1. PLACE OF DEATH

(a) County Ferniscot Registration District No. 653  
(b) Township Hayti Primary Registration District No. 5864  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 31  
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

HENTON 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 M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1917  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 21 9 17  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. on farm  
10. Date deceased last worked at this occupation (month and year) 11-39 11. Total time (years) spent in this occupation 2 yrs

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

FATHER 13. NAME Wood Jones 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden miss

MOTHER 15. MAIDEN NAME Mary White 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden miss

17. INFORMANT (ADDRESS) Wood Jones Hayti - mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti - mo DATE 4-26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm S. Smith Hayti - mo

20. FILED 4-25-39 J. W. Rhodes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1939, to 4-24, 1939

I last saw him alive on 4-18, 1939. Death is said to have occurred on the date stated above, at 6 A.M.

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

accidental pistol bullet wound into the thorax with fatal result partially seen; the principal cause of death: cystitis, acute.  
Other contributory causes of importance: 1st H. 2nd H.  
Date of onset \_\_\_\_\_

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? bullet Date of injury Feb 12, 1939

Where did injury occur? night club, Hayti, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. night club Public Place

Manner of injury pistol bullet wound  
Nature of injury pistol sawing of spinal cord

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) W. S. Smith, M. D.  
(Address) Hayti, 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. 3,

District File Number 39-818

Date Filed 5-9-39

**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.....

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.**