

REC'D JUN 8 1939

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

17688
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 1002
 (c) City Danias City (d) Street No. 3815 E. 25
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 520 Chas. Finley Jones
 (a) Residence, No. 3815 E. 25 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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mo. Ella Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mar. 26. 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
81 1 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Bar tender
 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) Newton Ill
 FATHER 13. NAME Geo. Jones 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT Wm R. Jones
 (ADDRESS) 3815 E. 25
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 19 1939
 19. FUNERAL DIRECTOR Cedar Funeral Home
 (ADDRESS) 75 C. 2nd
 20. FILED May 19 1939 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 14 1939, to May 15 1939
 I last saw him alive on May 15 1939 Death is said to have occurred on the date stated above, at 9:50 P. m.
 The principal cause of death and related causes of importance were as follows:
Mimic coma
Chronic nephritis
 131
 Date of onset May 12
 Other contributory causes of importance:
Benign Prostatic Hypertrophy
Urinary Retention
 Name of operation Date of
 What test confirmed diagnosis? Clinical 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 5, 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) Welf P. King, M. D.
 (Address) 4500 E 24

WHITE PAPER, WITH ON-FADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

2718 Greenwood Wn. 1633
A
No. 5949

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....
Licensed Embalmer No.

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.)