

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

18456
Do not use this space.

REC'D JUN 20 1939

1. PLACE OF DEATH

(a) County Cole Registration District No. 214

(b) Township Moreau Primary Registration District No. 5294

(c) City (d) Street No. St.

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John Albert Jones

(a) Residence, No. Russellville, Mo. St.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF Cordelia Jones (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6th, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	6	15	

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

FATHER

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

13. NAME John R. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER

15. MAIDEN NAME Palina Dasinett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. Cordelia Jones (ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Enlee Cem. DATE May 23rd, 1939

19. FUNERAL DIRECTOR (NAME) N. Steffens (ADDRESS) Russellville, Mo.

20. FILED May 23, 1939 Alice Mabel Barlow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21st, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939 19... to May 21, 1939 19... I last saw h. in alive on May 21, 1939 19... Death is said to have occurred on the date stated above, at 1-PM .

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

<u> Acute Lobar Pneumonia </u>	Date of onset <u> May 15, 1939 </u>
<u> Acute Myocarditis </u>	<u> May 20, 1939 </u>

Other contributory causes of importance:

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? 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? If so, specify (Signed) Walter L. Leake M. D. (Address) Russellville, 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.

STATEMENT BY LICENSED EMBALMER

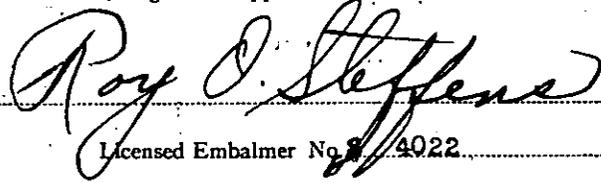
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Roy O. Steffens.....

Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4022.....

P. O. Address Russellville, Mo......

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.