

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.

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

22057
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 297
 (b) Township Washington Mo Primary Registration District No. 3016 Registered No. 60
 (c) City St. Francis Hospital (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 70 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lulu Jones
 (a) Residence, No. St. Clair, Mo. St. St. Clair, Mo. (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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/16 1896

7. AGE YEARS 43 MONTHS 2 DAYS 22 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 0

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

13. NAME Clara Boy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Mo.

15. MAIDEN NAME Alice Carpenter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton, Mo.

17. INFORMANT (ADDRESS) W. J. Jones, St. Clair, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE St. George, Mo. DATE June 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Shelwood, St. Clair, Mo.

20. FILED June 8, 1939 H. O. May Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1939, to June 8, 1939
 I last saw her alive on June 8, 1939 Death is said to have occurred on the date stated above, at 4 P. M.
 The principal cause of death and related causes of importance were as follows:
Burns (3rd degree) from kerosene to wrist Date of onset 4-9-39

Other contributory causes of importance: Infectious 10/1 4-30-39

Name of operation none 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? Accident Date of injury 4-9-39
 Where did injury occur? St. Clair, Franklin Co., Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury clothing caught fire
 Nature of injury Burn

24. Was disease or injury in any way related to occupation of deceased? no
 (Signed) W. J. Jones M. D.
 (Address) Washington, Mo.

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Sheldon Mitchell

Licensed Embalmer No. 3873

P. O. Address St Clair 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.