

ESD JUL 17 1939

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

23483
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Center Primary Registration District No. 3039 Registered No. 141
(c) City Merada (d) Street No. 826 E. Vernon St.
(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 58 yrs. - mo. - da. (f) How long in U. S., if of foreign birth? yrs. mo. da.

2. PRINT FULL NAME Luella May JONES

(a) Residence, No. 826 E. Vernon 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter L. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. at home
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) Vernon County, Missouri

FATHER 13. NAME Charles H. Rose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren County, Missouri

MOTHER 15. MAIDEN NAME Viola Ruckman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri

17. INFORMANT Walter L. Jones (ADDRESS) Merada, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLAC Oliver Branch Cemetery DATE May 29, 1939

19. FUNERAL DIRECTOR (NAME) Ferry Johnson (ADDRESS) Merada, Mo

20. FILED June 2, 1939 Allin V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939, to May 26, 1939

I last saw her alive on May 25, 1939. Death is said to have occurred on the date stated above, at 12:18 m.

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

Primary Carcinoma of Gall Bladder with Metastasis to Liver about mch 15, 1939.

Other contributory causes of importance: None

Name of operation exploratory laparotomy Date of 05-26-1939
What test confirmed diagnosis? exploratory 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) [Signature], M. D.
(Address) Merada 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.

STATE BOARD OF HEALTH, WITH CERTAIN CHANGES THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,
District File Number 7-39-1033
Date Filed 7-13-39

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 Personal

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Lloyd A. Winick
.....
Licensed Embalmer No. 5757

P. O. Address Newark, N.J.

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.