

RECORDED AUG 16 1939

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

26340
Do not use this space.

1. PLACE OF DEATH
 (a) County New Madrid Registration District No. 605
 (b) Township Cross Primary Registration District No. 4359
 (c) City _____ (d) Street No. _____ Registered No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 520 Minnie E. Jones
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. E. Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 24 - 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 4 15

OCCUPATION
 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. Home wife
 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) Ind.

FATHER
 13. NAME J. Rosenberry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Sarah Pennel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Husband L. E. Jones
Parma Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE Jan. 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Landis & Son
Campbell Mo.

20. FILED Aug 1 19 39
Dr. C. W. Wofford
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1938 to Jan 9 1939
 I last saw her alive on Jan 9 1939 Death is said to have occurred on the date stated above, at 5:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Non-contagious Encephalitis Date of onset 21.11.38

Other contributory causes of importance:
unknown

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 _____ 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) Dr. Edward Ford, M. D.

(Address) Parma Mo
534

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.

R.L.

District No. _____

District File Number

839-1324

Date Filed

8-14

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.