

REC'D SEP 20 1939

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

28940  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Cole Registration District No. 213  
 (b) Township \_\_\_\_\_ Primary Registration District No. 2014  
 (c) City Jefferson City (d) Street No. Mo. State Prison Registered No. 216  
 (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 ARTHUR JONES  
 (a) Residence, No. \_\_\_\_\_ St.  (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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
49 7 8

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

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

FATHER 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Self (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City Mo DATE 9-9-39

19. FUNERAL DIRECTOR (NAME) Thorne J. Gordan (ADDRESS) Jefferson City Mo

20. FILED 9/19/39 1939 D. B. Berfelmo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1, 1939.

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1939, to September 1, 1939.  
 I last saw him alive on September 1, 1939 Death is said to have occurred on the date stated above, at 10:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
CEREBRAL HEMORRHAGE  
 Other contributory causes of importance: by pertension  
 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: W. W. Rambo, M. D.  
 (Address) Cent. Trust Bldg., W. W. RAMBO, M. D.

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City.

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.

WHILE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD I X18603

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.....

*Ferd Stulle*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Ferd Stulle*

Licensed Embalmer No.....

*3890*

P. O. Address.....

*Jefferson City*

**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.**