REC'D SEP 14 1939

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

29393
Do not use this space.

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.

49
7
5

1. PLACE OF DEATH
(a) County Jasper 1 Registration District No. 41
(b) Township 1 Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. St. John's Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 520 Infant son of Mr. & Mrs. R. E. Jones
(a) Residence, No. 1424 Valley 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1939
7. AGE: YEARS 0 MONTHS 0 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Joplin Missouri 9

FATHER
13. NAME R. E. Jones 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons, Kansas 2

MOTHER
15. MAIDEN NAME Mary Ann Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT (ADDRESS) R E Jones 1424 Valley, Joplin, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Forest Park DATE 8-14-39 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Reynolds Mortuary Joplin, Missouri
20. FILED 8-14 1939 Ed D James Local Registrar. 1372

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to 8-13, 1939
I last saw him alive on 8-13, 1939 Death is said to have occurred on the date stated above, at 1:45P m.
The principal cause of death and related causes of importance were as follows:

Congenital abscess of gall ducts & right ureter — Date of onset: birth

Other contributory causes of importance: 157

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) [signature] M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File No. 939-1811
Date Filed SEP 8 1939

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.