DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30105

REC'D SEP 13 1939

Registration District No. 73

Primary Registration District No. 6018A

Registrar's No. 129

1. PLACE OF DEATH: 3

(a) County St. Francois

(b) City or town Farmington Rural St Francois Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No. 4, Farmington, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 yr. 0 mo. 28 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Washington

(c) City or town Potosi, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ellen C. Jones 520

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Jones

6. (c) Age of husband or wife if alive Un. years

7. Birth date of deceased ? (Month) ? (Day) 1876 (Year)

8. AGE: Years 63 Months Un. Days Un. If less than one day hr. min.

9. Birthplace Washington Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Records of State Hospt. #4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-39 (Month) (Day) (Year)

(c) Place: burial or cremation State Hospt. #4 Cemetery

18. (a) Signature of funeral director C. T. Lloyd

(b) Address Farmington, Mo.

19. (a) Aug-8-39 (Date received local registrar) (b) B. I. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 4 year 1939 hour 11:30 p.m. minute M.

21. I hereby certify that I attended the deceased from 3-3, 1939, to 8-4, 1939; that I last saw her alive on August 4, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardasis, hypertensive	4 yrs
Due to Essential hypertension	12 yrs
Due to	
Other conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death)	15 yrs

Major findings:
Of operations —
Of autopsy —

92 d²

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

699

23. Signature Paul J. Schrader M.D. (M. D. or other)

Address Farmington, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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. Newhart and Co working under my personal supervision.

Signed C T Floyd

Licensed Embalmer No. 0 5 2

P. O. Address Farmington

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

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