

061 21 1939

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

32918
Do not use this space.

1. PLACE OF DEATH

(a) County Madison 2 Registration District No. 528
 (b) Township Gallean 1 Primary Registration District No. 5704
 (c) City Gallean (d) Street No. _____
 (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.

Registered No. _____

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

Samuel Henry Jones

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20-1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 29
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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) Jowa 1

FATHER 13. NAME Richard Jones 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales 1

MOTHER 15. MAIDEN NAME Isabelle Rainey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jowa

17. INFORMANT (ADDRESS) Mrs. H. E. McCubbin
New Cambria Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Cambria DATE Sept 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. Willard
New Cambria Mo

20. FILED 9-19 1939 H. K. Butler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1939 to Sept 18 1939
 I last saw him alive on Sept 18 1939 Death is said to have occurred on the date stated above, at 7:45 pm.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Sept 17-39
J. H.

Other contributory causes of importance: High Blood Pressure 1938

Name of operation None Date of _____
 What test confirmed diagnosis Urinal 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) W. West M. D.
 (Address) New Cambria 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-2277

to Filed OCT 20 1938 7

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,

H. J. Hillcland, or by

Registered Apprentice No., working under my personal supervision.

Signed H. J. Hillcland

Licensed Embalmer No. 4019

P. O. Address New Cambria, Mo.

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.