DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35376

Registration District No. 26 | Primary Registration District No. 3002 | Registrar's No. 142

1. PLACE OF DEATH:

(a) County: Audrain

(b) City or town: Mexico (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 209 S. Western (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Audrain

(c) City or town: Mexico Mo (If outside city or town limits, write "RURAL")

(d) Street No.: 209 Southwestern (If rural, give location)

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

3. (a) PRINT FULL NAME: EMMett Jones 530

3. (b) If veteran, name war: NO

3. (c) Social Security No.: 491-05-5812

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Ora

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: April (Month) 1 (Day) 1881 (Year)

8. AGE: Years 58 | Months 6 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: Boone (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Fireman

11. Industry or business: 0

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

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

16. (a) Informant's own signature: Bell Jones

(b) Address: 209 S. Western

17. (a) Burial ~~Elm Wood~~ (Burial, cremation, or removal) (b) Date thereof: 10-7-1939 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Mexico Mo

18. (a) Signature of funeral director: A. L. Reynolds

(b) Address: Mexico Mo

19. (a) Oct 7-1939 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 4, day ____ year 1939 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from October 3, 1939, to October 4, 1939, that I last saw him alive on October 4, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary oedema	
Due to: Chronic degenerative myocarditis	
Due to: 92	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: No operation

Of autopsy: No autopsy

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

23. Signature: J. E. Hanson (M. D. or other)

Address: Mexico, Mo. Date signed: 10-5-39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X18511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

JAN 23 1947

RECEIVED
District Health Officer No. 10
District File Number 11-29-1902
Date Filed NOV 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 A. L. Reynolds, Registered Apprentice No. 3521, working under my personal supervision.

Signed A. L. Reynolds

Licensed Embalmer No. 3521

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.