WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

61

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

36620
Do not use this space.

1. PLACE OF DEATH
(a) County Macon 2 Registration District No. 527
(b) Township [illegible] 1 Primary Registration District No. 5703 Registered No.
(c) City Bevier (d) Street No. 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 William R. Jones
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (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: Ruth Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22-1892
7. AGE: Years 42, Months 9, Days 6. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Rural Mail Carrier
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): Callao Mo

FATHER
13. NAME: Evan Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callao Mo

MOTHER
15. MAIDEN NAME: Minnie Melvin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bevier Mo

17. INFORMANT (ADDRESS): Ruth Jones Bevier
18. BURIAL, CREMATION, OR REMOVAL
PLACE East Oarwood DATE 10-30, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. E. Edwards Bevier Mo
20. FILED Nov. 7th, 1939 Edw Simpson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-28, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct, 1938 to Oct. 18, 1939
I last saw him alive on Oct. 18, 1939. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon (Sigmoid region)	April 1939

Other contributory causes of importance: None.

4b

Name of operation: Colostomy Date of 1939
What test confirmed diagnosis? Clinical 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) T. F. Turner, M. D.
476 (Address) Macon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-39-1987
Date Filed NOV 10 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, W. G. Edwards, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed W. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Berea Ky

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.