

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.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39518

Registration District No. 284

Primary Registration District No. 44-6-8 5465

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Near Clarkton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Texas Jones 530

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 widow

6. (b) Name of husband or wife Widow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 22 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Tenn
 (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name Ben Farmer

13. Birthplace Tenn Tenn
 (City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace Tenn Tenn
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Archie Jones

(b) Address Clarkton

17. (a) Stanford Burial (b) Date thereof 11-8-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanford Cemetery

18. (a) Signature of funeral director Lawless Funeral Home

(b) Address Campbell Mo. 258

19. (a) 11-8-39 (b) J. B. Stearns
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin
 (c) City or town Near Clarkton R.R.
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
 year 1939 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from 11/1/39
11/7/39, 1939, to 11/7/39, 1939;
 that I last saw her alive on 11/7/39, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Gravido-pneumonia
 Duration _____

Due to Uremia
chronic nephritis

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: 131
 Of operations _____

Of 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 (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? _____ Means of injury _____

23. Signature Joseph (M. D. or other) _____
 Address Paducah Mo Date signed 11/8/39

RECEIVED

District Health Officer No. 3,

District File Number 1239-743

Date Filed 12/15/39

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.....

Licensed Embalmer No.....

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.