

DEC 15 1939

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

39907  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Garthage Primary Registration District No. 3020 Registered No. 213  
(c) City Garthage (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 30 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

529) Harley F. Jones  
(a) Residence, No. 421 E. 13th St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie M. Chapman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1854

7. AGE YEARS 85 MONTHS 9 DAYS 13 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate  
9. Industry or business in which work was done, as saw mill, bank, etc. Dealer  
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) Augusta, Illinois

FATHER 13. NAME Austin G. Jones 1  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stafford County, Connecticut

MOTHER 15. MAIDEN NAME Emaline G. Gady  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stafford County, Connecticut

17. INFORMANT (ADDRESS) Austin L. Jones, Pocatello, Idaho

18. BURIAL, CREMATION, OR REMOVAL PLACE Pocatello, Idaho DATE Nov. 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Knee Mortuary, Garthage, Mo.

20. FILED Nov. 13, 1939 E. J. McIntire, D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1939 to Nov. 10, 1939  
I last saw him alive on Nov. 10, 1939. Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis and Cardiac weakness.

Date of onset

Other contributory causes of importance: 1066

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) H. E. Baker, M.D.  
(Address) 110 E. 1st St. Garthage, 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. 6,

District File Number 1239-2591

Date Filed DEC 13 1933

---

---

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. 814

P. O. Address Carthage, 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.**