

No. 2
-11-10-39
5-17-39
P1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3161

Registration District No. 604 Primary Registration District No. 4358 Registrar's No.

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

1. PLACE OF DEATH:
(a) County New Madrid 1940 2
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days 5 1/2

3. (a) PRINT FULL NAME Clarissa Joney
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 widowed
6. (b) Name of husband or wife Charles Joney 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 24 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace New Madrid County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Boarding House

11. Industry or business _____

MOTHER FATHER
12. Name unk 9
13. Birthplace unk 9
(City, town, or county) (State or foreign country)
14. Maiden name unk 1
15. Birthplace unk
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Haysom
(b) Address New Madrid Mo

17. (a) New Madrid Mo (b) Date thereof Jan - 3 - 1940
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical, New Madrid Mo

18. (a) Signature of funeral director F. P. Richards
(b) Address New Madrid Mo 533

19. (a) 1/5/1940 (b) Wm O'Bannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County New Madrid
(c) City or town New Madrid
(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 Jan day 2
year 1940 hour _____ minute 7 A. M.
21. I hereby certify that I attended the deceased from Jan 2 1940 to Jan 2 1940
that I last saw her alive on Jan 2 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Inoperable Nephritis
Senility
Due to _____

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

Major findings: no
Of operations _____
Of autopsy no

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. O. Bannon (M. D. or other) _____
Address New Madrid Mo Date signed _____

Duration 1937
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.