DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7777

Registration District No. 689 | Primary Registration District No. 3033 | Registrar's No.

1. PLACE OF DEATH:
(a) County: PIKE
(b) City or town: LOUISIANA MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 510 SOUTH 5TH ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community: ABOUT 35 YRS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: PIKE
(c) City or town: LOUISIANA MO
(If outside city or town limits, write "RURAL")
(d) Street No.: 510 SOUTH 5TH ST
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ENTIRE LIFE years.

3. (a) PRINT FULL NAME: SUSANNE JONES
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: MARRIED
6. (b) Name of husband or wife: GRANT JONES
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: JANUARY (Month) 28 (Day) 1878 (Year)

8. AGE: Years 62 | Months 1 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace: WILLIAMSBURG (City, town, or county) MO (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: —
MOTHER FATHER
12. Name: ALBERT VINSON
13. Birthplace: GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: JULIA WALTON
15. Birthplace: — (City, town, or county) — (State or foreign country)
16. (a) Informant's own signature: Grant Jones
(b) Address: Louisiana Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB 18-40 (Month) (Day) (Year)
(c) Place: burial or cremation: CLARKSVILLE MO
18. (a) Signature of funeral director: W. F. Suda
(b) Address: Louisiana Mo
19. (a) Feb 18/40 (Date received local registrar) (b) H. C. Haley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 16TH year 1940 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from Jan 1 1940, to Feb 16 1940, that I last saw h. alive on Feb 16 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insuf	
Due to: Bright's dis chronic	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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, 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: L. M. Pearson (M. D. or other)
Address: Louisiana Mo Date signed: 2/16/40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-5-17-39
Rev. 5-17-39
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92 K
Code - 9-16-40
N.M.D. II

RECEIVED
District Health Officer No. 10
District File Number 3-40-498
Date Filed MAR 5 1940

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

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana 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.