DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8005

Registration District No. 773 FILED MAR 12 1940

Primary Registration District No. 6018A

Registrar's No. 31

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Near Farmington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 0 mo. 28 d.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Pacific
(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.

3. (a) PRINT FULL NAME Emmett Jones 520

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Un. years

7. Birth date of deceased Un. (Month) (Day) 1867 (Year)

8. AGE: Years 73 | Months Un. | Days Un. | If less than one day hr. min.

9. Birthplace Franklin Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer 0

11. Industry or business 0

FATHER
12. Name Louis Jones
13. Birthplace Franklin Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Perkins
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Records of State Hospt. #4
(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Cemetery of State Hospt. #4

18. (a) Signature of funeral director C. T. Lloyd 1 0 1
(b) Address Farmington, Mo.

19. (a) Feb 5 1940 (Date received local registrar) (b) B. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1940 hour 3:45 p.m. minute M.

21. I hereby certify that I attended the deceased from 2-4, 1939, to 2-3, 1940;
that I last saw him alive on 2-3, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia, Lower right lobe

Due to Influenza

Due to

Other conditions Hypertension, Chronic Bronchitis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy ~~Lower right lobar pneumonia~~

Duration

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 Jas. R. Mulkey (M. D. or other) M.D.
Address Farmington, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

MARGIN RESERVED FOR BINDING

V. S. No. 2. 50M-5-17-39 Rev. 5-17-39 1 X19511

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.....Not embalmed.....

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.