

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

ISSUED APR 12 1940

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

10043
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26

(b) Township Saltriver Primary Registration District No. 3002 Registered No. 33

(c) City Mexico (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)

yrs. mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 520 William Henry Jones

(a) Residence, No. 600 Sturgeon, Montgomery City, Mo. Montgomery City, Mo.

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>41</u>	<u>4</u>	<u>25</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. day labor

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Montgomery City
(STATE OR COUNTRY) Montgomery County, Mo.

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) _____

17. INFORMANT Ben Jones Brother
(ADDRESS) Montgomery City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Removal DATE Mar 11 1940

19. FUNERAL DIRECTOR (NAME) I. A. Marlow
(ADDRESS) Montgomery City, Mo.

20. FILED Mar 11 1940 Blanche Keely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1940

I HEREBY CERTIFY That I attended deceased from March 6 1940 to March 11 1940

I last saw him alive on March 10 1940 Death is said to have occurred on the date stated above, at 12:10 A.M.

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

General peritonitis Date of onset _____

Perforated gastric ulcer

Other contributory causes of importance: 117N

Name of operation Interruption of ulcer Date of _____ 3/8/40

What test confirmed diagnosis? findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 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? no

If so, specify _____

(Signed) H. C. Brasher M. D.

(Address) Mexico, Mo.

RECEIVED

District Health Officer No. 10

District File Number 4-40-729

Date Filed APR 9 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, _____

Joseph A. Marlow

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Joseph A. Marlow

Licensed Embalmer No. 3658

P. O. Address *Montgomery City, 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.