

FILED MAY 13 1940

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

14553
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 138
 (b) Township XXX Washington Primary Registration District No. 5203 Registered No. 43
 (c) City Dawn or Dawn (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 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 520 Thomas Jones

(a) Residence, No. Carroll County 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 0 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) March 1940 11. Total time (years) spent in this occupation. 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Wis.

FATHER 13. NAME Thomas Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Whales

MOTHER 15. MAIDEN NAME Katie Hickey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Whales

17. INFORMANT (ADDRESS) Mrs. Thos. Jones Dawn, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Enon Cem. DATE 4/5/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) B. F. Mead Braymer, Mo.

20. FILED April 23, 1940 B. C. Cole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1940, to April 3, 1940
 I last saw him alive on April 2, 1940. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma
Cardiac Insufficiency
Secondary Anemia
 Other contributory causes of importance: _____
 Date of onset unknown
unknown
unknown

Name of operation 46 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? no
 If so, specify _____
 (Signed) John R. Crank
133 (Address) Braymer, 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. 8,
District File Number
Date Filed 5-9-40

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.....

B. F. Mead, Registered Apprentice No. ~~2801~~
working under my personal supervision.

Signed *B. F. Mead*
Licensed Embalmer No. *2801*
P. O. Address *Brayman, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.