

FILED MAY 9 1940

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

14660

Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 204
 (b) Township 2 Primary Registration District No. 3013 Registered No. 20
 (c) City Cameron (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 Pearl Edna Jones
 (a) Residence, No. 523 West 3rd. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John T. Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1891
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 2 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife.
 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) (STATE OR COUNTRY) Kansas City Mo.

FATHER 13. NAME Cal Moore
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo.

MOTHER 15. MAIDEN NAME Lydia E Weir
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davenport Iowa

17. INFORMANT Mrs. E. Jones (ADDRESS) Cameron

18. BURIAL, CREMATION, OR REMOVAL PLACE Packard Cem. DATE Apr. 25, 1940

19. FUNERAL DIRECTOR P. J. Poland (ADDRESS) Funeral Home Cameron

20. FILED Apr. 24, 19 40 St. Louis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 7, 19 40 to April 21, 19 40
 I last saw her alive on April 23, 19 40. Death is said to have occurred on the date stated above, at 11:40 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the liver
Primary

Date of onset

Other contributory causes of importance:

46

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) Dr. Cabera M. D.
185 (Address) 3rd + Main St. Cameron Mo

RECEIVED

District Health Officer No. 11, -5-

District File Number 570-633

Date Filed MAY 7 1940

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *F. G. Lyons*

Licensed Embalmer No. 952

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.)