

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

MAY 1, 1940  
Registration District No. 547

Primary Registration District No. 3079

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Harrison  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
514 S. Main  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days) 570

3. (a) PRINT FULL NAME Margaret A. 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 Widow

6. (b) Name of husband or wife P. M. Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 24, 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pine Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name James Steyers

18. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Waters

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Jones  
(b) Address 514 S. Main Harrison Mo.

17. (a) Burial (b) Date thereof April 24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fish burr. Mo.

18. (a) Signature of funeral director James O'Connell  
(b) Address Harrison Mo.

19. (a) Apr 23-40 (b) J. C. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Harrison  
(If outside city or town limits, write "RURAL")  
(d) Street No. 514 S. Main  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1940 hour 11 minutes 30 P.M.

21. I hereby certify that I attended the deceased from Feb 2nd  
1940, to April 22, 1940  
that I last saw her alive on April 1st, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Heart Disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harry L. Greene (M. D. or other)  
Address 100 N. 6th Harrison Date signed 4/23/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

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**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 *Michael D. O'Connell*.....

Licensed Embalmer No. *3246*.....

P. O. Address *Hannibal, 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.**