

FILED JUL 12 1940

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

21650

Do not use this space.

1. PLACE OF DEATH

(a) County..... Dunklin ² Registration District No. 288
 (b) Township..... 0 Primary Registration District No. 4172
 (c) or City..... Kennett (d) Street No. Prasnell Hospital 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

(a) Residence, No. 590 Richard Jones St. Gobler, 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 M 4. COLOR OR RACE Negro- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
24 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jonestown
 (STATE OR COUNTRY) Mississippi

FATHER 13. NAME Jim Jones

14. BIRTHPLACE (CITY OR TOWN) Beland
 (STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Ollie Hopkins

16. BIRTHPLACE (CITY OR TOWN) Jonestown
 (STATE OR COUNTRY) Mississippi

17. INFORMANT Ollie's Jones -
 (ADDRESS) Gobler, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Gobler, Mo. DATE 6/23 1940

19. FUNERAL DIRECTOR (NAME) Paul Salmon
 (ADDRESS) Kennett, Mo. 261

20. FILED 7-3 1940 Thurston
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1940

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19
 I last saw h unattended by physician alive on 19 Death is said to have occurred on the date stated above, at 11:45 P. M.

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

Perforated gastric ulcer
10 AM
11 AM June 17 40
 Date of onset

Other contributory causes of importance:
Alcoholism, acute

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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?
 If so, specify George J. Williams, D.O.
 (Signed) George J. Williams, D.O. M. D.
 (Address) Kennett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

1-216505

NOV 8 1945

RECEIVED

District Health Officer No. 2

District File Number 740-123

Date Filed 7/11/40

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

Signed *A. P. Johnson*

Licensed Embalmer No. 2556-

P. O. Address *Kenilworth, 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.