

FILED JUL 22 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23017

State File No. _____

Registration District No. 1027

Primary Registration District No. 6196

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural - Clinton #2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community all life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas
(c) City or town Clinton to 2 Jwp. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Elijah Calvin Jones

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex m. 5. Color or race w. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ada 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased aug 29 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Isaac Jones

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Gwendolyn Jones

(b) Address R # 4 mld Grove Md.

17. (a) Burial (b) Date thereof June 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peasant Hill cemetery Texas Co.

18. (a) Signature of funeral director Calvin M. Jones

(b) Address _____
(c) June 26 1940 (d) J. D. Weatherman
(Water received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1940 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from Death on arrival, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular-renal disease

Due to _____

Due to 121

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? _____

(Specify type of place) _____ (a) Means of injury _____

23. Signature Dr. Garrett Long Address Calool, Mo. Date signed 6/27/40

Duration Several years.

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

RECEIVED
Working under my personal supervision.

District Health Officer No 5,

District File Number 740 270

Date Filed 7/1/40

Signed Taylor V. Elliott

Licensed Embalmer No. 225-2

P. O. Address Chicago

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.