

FILED AUG 19 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25742

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

Registration District No. 565

Primary Registration District No. 5-761a

Registrar's No. 38

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

1. PLACE OF DEATH: Miller, Mo., R#1  
 (a) County Miller  
 (b) City or town Rural  
 (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. \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME THEODORE GRANT JONES

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife Lillian Overbay  
 6. (c) Age of husband or wife if alive unknown years  
 7. Birth date of deceased May 4 - 1864  
 (Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 12 hr. \_\_\_\_\_ min. \_\_\_\_\_  
 If less than one day

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

10. Usual occupation unknown - brick mason

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

12. Name unknown

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 Social Security office

(b) Address Pascumbia Mo

17. (a) Burial (b) Date thereof July 18 - 40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller Cem. Pascumbia Mo.

18. (a) Signature of funeral director E. B. Boney

(b) Address Iberia Mo.

19. (a) 7-18-40 (b) C. R. Hawkins  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Miller  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Miller, Mo. R#1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
 year 1940 hour \_\_\_\_\_ minute 69 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1935, to July 16, 1940  
 that I last saw him alive on July 12, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death subacute bronchitis  
 Duration 6 weeks

Due to 106 W

Due to arthritis deformans 19 years

Other conditions (Include pregnancy within 3 months of death)

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Lynn M. Garner (M. D. or other) \_\_\_\_\_

Address Pascumbia Mo Date signed 7-18-40

RECEIVED

Miller County Health Dep't.

County File Number 40-89

Date Filed 8/13/40

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.....

Larson L. Adams....., Registered Apprentice No. 211  
working under my personal supervision.

Signed Ch. Basse.....

Licensed Embalmer No. 2694

P. O. Address Iberia, 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, fact should be so stated above.