

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 20 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28428

State File No. _____

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Hunklin
 (b) City or town Kennett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
201-No. Everett
 (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 EVA BOAST JONES 5211

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John E. Jones 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4 ec. (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 30 If less than one day hr. _____ min. _____

9. Birthplace unknown (City, town, or county) Miss (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name John Threat Boast

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

14. Maiden name Emmaline Boast

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

16. (a) Informant's own signature Mrs. J. J. Prigge

(b) Address Kennett, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1 40 (Month) (Day) (Year)

(c) Place: burial or cremation Art Ridge

18. (a) Signature of funeral director Paul Holman

(b) Address Kennett, Mo.

19. (a) 9-4-40 (Date received local registrar) (b) Walter Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hunklin
 (c) City or town Kennett, Mo. (If outside city or town limits, write "RURAL")
 (d) Street No. 201-No. Everett (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1940 hour 2 minute _____ A.M.

21. I hereby certify that I attended the deceased from 4-13- 1940 to 8-30- 1940 that I last saw her alive on 8-30- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver with generalized metastasis.
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) H²O

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 J. H. Herin (Physician) (D or other) _____
 Address Kennett, Mo. Date signed 8-31-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No.

District File Number 240-146

Date Filed 9/11/40

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. ~~2556~~

working under my personal supervision.

Signed P. P. Salmon

Licensed Embalmer No. 2556-

P. O. Address Keeneth, 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.