No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31429

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 984

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 1010 N. 6th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Patricia LoVeta Jones

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

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

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

7. Birth date of deceased Sept. 17, 1935 (Month) (Day) (Year)

8. AGE: Years 4 Months 11 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation none (child) 0

11. Industry or business 0

FATHER
12. Name Walter Thomas Jones Sr.
13. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Olive Dolores Clark
15. Birthplace Easton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Walter T. Jones

(b) Address 1010 North 6th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cem.

18. (a) Signature of funeral director Clark Mortuary 45

(b) Address 5025 King Hill Ave. 0

19. (a) 9/9/1940 (Date received local registrar) (b) H. J. Mestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 1940 hour 7 minute 30 p M.

21. I hereby certify that I ~~attended~~ viewed the deceased from ~~xx~~ Sept. 7, 1940 ....., 19....., to ....., 19.....; that ~~I last saw~~ h..... ~~alive on~~ ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received by being struck by an automobile

Due to .....

Due to .....

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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) Accident

(b) Date of occurrence Sept. 7, 1940

(c) Where did injury occur? St. Joseph (City or town) Buchanan (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)

While at work? no (e) Means of injury Auto

23. Signature B. W. Tadlock (~~M. D. or other~~) Coroner 5

Address King Hill Bldg Date signed 9/8/40

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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, on Sept. 7, 19

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.