DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34977

FILED NOV 15 1940

Registration District No. 125 — Primary Registration District No. 3009 — Registrar's No. 342

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

(c) Name of hospital or institution: 501 North St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: none.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape

(c) City or town: Cape Girardeau Mo 501 North St (If outside city or town limits, write "RURAL")

(d) Street No. 501 North Street (If rural, give location)

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

3. (a) PRINT FULL NAME: Dorothy Jones

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

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

6. (b) Name of husband or wife: Paul Jones 6. (c) Age of husband or wife if alive: 25 years

7. Birth date of deceased: Sept. (Month) 3 (Day) 1921 (Year)

8. AGE: Years 19 Months 1 Days 6 If less than one day hr. min.

9. Birthplace: Oak Ridge (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: 0

FATHER 12. Name: Ben Sadler.

13. Birthplace: Oak Ridge (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name: Nora Davenport.

15. Birthplace: Patton (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature: Paul Jones

(b) Address: 501 North St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 11, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Seelie Cemetery

18. (a) Signature of funeral director: Seabaugh Funeral Home

(b) Address: Cape Girardeau, Mo.

19. (a) 10-10-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9 year 1940 hour Unknown minute M.

21. I hereby certify that I attended the deceased from ..., 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: Heart Attack Cause Unknown — Duration

We the undersigned Jury find this woman (Mrs Dorthey Jones) Came to her

Due to: death due to heart attack

Causes Unknown.

Due to:

Other conditions (Include pregnancy within 3 months of death): 0

Major findings: Of operations:

Of autopsy: None

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): Heart Attack

(b) Date of occurrence: 9 day of October

(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)

While at work? (e) Means of injury:

23. Signature: E. M. Trickel Coroner (M.D. or other):

Address: 4 S. Pacific St Cape Gi. Date signed: Oct 9. mo. 1940

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Form 1 X19811

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.....

Licensed Embalmer No.....

P. O. Address.....

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.