No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36731 9004

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

FILED DEC 11 1940

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Philips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 15 yars years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town St Louis Mo 21 (If outside city or town limits, write "RURAL")
(d) Street No. 3140 A Easton Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROSE JONES
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Col
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Geo.
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Sept (Month) 15 (Day) 1894 (Year)
8. AGE: Years 46 Months 1 Days 13 If less than one day hr. min.
9. Birthplace Clarksdale (City, town, or county) Miss (State or foreign country)
10. Usual occupation House Work
11. Industry or business
FATHER 12. Name Elax Johnson
13. Birthplace Clarksdale (City, town, or county) Miss (State or foreign country)
MOTHER 14. Maiden name Sarrah Not Known
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Sarrah Crockett
(b) Address 2933 Franklyn Av
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director A D Richardson
(b) Address 2695 Glasgow Ave
19. (a) NOV 1 1940 (Date received local registrar) (b) J F Bartlett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28th year 1940 hour 3:00 minute P 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 Cerebral Apoplexy — Duration
Due to Verdict
Due to
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? (Specify type of place)
While at work? Means of injury

23. Signature Alfred Meng (M. D. or other)
Address Deputy Coroner Date signed 10/30/40

(Licensed Embalmer's Statement on Reverse Side)

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 H. D. Richards

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgo

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

If this body is not embalmed, above space should be left blank.