

STANDARD CERTIFICATE OF DEATH

State File No. 38429

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 58

FILED DEC 1940

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El Dorado Miss
(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 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town El Dorado
(If outside city or town limits, write "RURAL")
(d) Street No. 800 So. Grand
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME LAURA AMANDA JONES

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

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

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

7. Birth date of deceased Sept. 29 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days _____ If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business none

12. Name A. S. Dale

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

14. Maiden name L. L. DALE

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

16. (a) Informant Francis Jones
(b) Address Liberal Mo

17. (a) Burial (b) Date thereof 12-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheldon Mo

18. (a) Signature of funeral director B. B. Beeny
(b) Address Sheldon Mo

19. (a) 11-30-40 (b) J. W. Dawson
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 29
year 1940 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from NOV 17
1940 to NOV 29 1940
that I last saw her alive on NOV 29 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Endocarditis

Due to _____
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy none

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. W. Dawson (M. D. or other) _____
Address El Dorado Mo Date signed 12-2-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1727

Date Filed 12-9-40

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. _____
working under my personal supervision.

Signed

W. Brown

Licensed Embalmer No. 2034

P. O. Address Edward J. Brown

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.