

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

48329
Do not use this space.

1. PLACE OF DEATH **1941**
 (a) County Nodaway Registration District No. 6-17
 (b) Township Nodaway Primary Registration District No. 4369 Registered No. _____
 (c) City Burlington, Ia. Mo. Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 2 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jess. Jones. O
 (a) Residence, No. Burlington Ia. Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alta Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Dec 18th 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Ia. Mo

FATHER 13. NAME Jerry Jones
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary Fulkerson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) W. W. Jones
Burlington Ia. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Ia. Mo DATE 12-26-40

19. FUNERAL DIRECTOR (ADDRESS) J. P. Hays
Burlington Ia. Mo

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1940 to Dec. 23, 1940
 I last saw him alive on Dec. 23, 1940. Death is said to have occurred on the date stated above, at 2 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
Cold
108
 Date of onset 12/21/40
12/9/40

Other contributory causes of importance:
Undulant fever. Known period of infection about 3 years.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical + Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) L. E. Wallace M.D.
549 (Address) Burlington Ia. Mo

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.

STATEMENT BY LICENSED EMBALMER

I, H. S. Cummings, Licensed Embalmer No. 3381
hereby certify that the body recorded on the reverse side of this certificate was embalmed by H. S. Cummings
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed H. S. Cummings
Licensed Embalmer No. 3381

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 43329

Registration District No. 618

Primary Registration District No. 4369

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Madayane
(b) City or town Burlington Jet.
(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)

3. (a) PRINT FULL NAME Jess Jones

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

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

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Feb 19 41 (b) J. R. Howard (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature L. E. Wallace (M. D. or other) _____

Address Burlington Jet. Date Feb 23 41

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

SUPPLEMENTARY

S-43329