

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.

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3597

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 11

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town NEOSHO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
608 BAXTER
(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. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. 608 BAXTER
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 21
year 1941 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov 12 1940
to JAN 21 1941
that I last saw him alive on JAN 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Due to

Due to

Other conditions Acute Bronchitis
(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

3. (a) PRINT FULL NAME Luther Brown Jones

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

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

6. (b) Name of husband or wife Olie Jones 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan 12 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace White Sulphur Springs West VA
(City, town, or county) (State or foreign country)

10. Usual occupation RAILWAY TELEGRAPHER

11. Industry or business RETIRED

12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. S. Jones

(b) Address Neosho MISSOURI

17. (a) BURIAL (b) Date thereof Jan 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TAOPE CEMETERY

18. (a) Signature of funeral director J. B. ...

(b) Address Neosho MISSOURI

19. (a) Jan 31 1941 (b) Unal B. Salumit
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(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?
543 (Specify type of place)
While at work? _____ (e) Means of injury _____
28. Signature Melvin S. Pugh (M.D. or other) Dr.
Address Neosho Mo Date signed 1/22/41

District Medical Officer No. (),
District File Number 241-302
Date Filed FEB 12 1941

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.....

Donald Reed

Registered Apprentice No. 202

working under my personal supervision.

Signed.....

John B. Kamm

Licensed Embalmer No. 2689

P. O. Address Neesh Mo

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.