

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 6651

FILED MAR 21 1941

Registration District No. 184Primary Registration District No. 5256Registrar's No. 26

1. PLACE OF DEATH:

(a) County Christian
 (b) City or town Ozark Mo. Star Route
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 30 yr. years, months or days

3. (a) PRINT FULL NAME Benjamin 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 Widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 13 1865
 (Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days 18 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name don't know
 13. Birthplace don't know
 (City, town, or county) (State or foreign country)
 14. Maiden name don't know
 15. Birthplace don't know
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Jones

(b) Address Ozark Mo. Star Route

17. (a) Buried (b) Date thereof Nov 4 - 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salmon Cemetery

18. (a) Signature of funeral director T. R. Chaffin

(b) Address Ozark Mo.

19. (a) Jan 19 1941 (b) Letta Leonard
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
 (c) City or town Ozark Mo. Star Route
 (If outside city or town limits, write "RURAL")
 (d) Street No. Star Route - Rural
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2nd
 year 1940 hour 4 minute 15 P. 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 Don't know as they had no physician & he had been sick Duration _____
 Due to some time

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 200 lb
 Major findings: Of operations none
 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) _____
 (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 _____
 22. Signature Letta Leonard Registrar
 Address _____ Date signed 1-1-1941

RECEIVED

District Health Officer No. 3

District No. 341-484

Date Filed AUG 20 1971

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Dark 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.