

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

6876

MAR 14 1941

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

5-000

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Keenett Rural
(If outside city or town limits, write "RURAL" and name of township)

(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Keenett Rural
(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. (a) PRINT FULL NAME Louis Jones

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex M 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Rhodes Jones

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

7. Birth date of deceased April 8 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Merchant Retail

11. Industry or business _____

MOTHER FATHER

12. Name Colbert Jones

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

14. Maiden name Peggy Lewis

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

16. (a) Informant Mrs. Henry Wagner

(b) Address Keenett, MO - R 1

17. (a) Burial (b) Date thereof 2-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregory

18. (a) Signature of funeral director Paul S. Lucas

(b) Address Keenett, MO

19. (a) 2-11-41 (b) Dr. Wheeler Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 9
year 1941 hour 8 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec 15
1940 to Feb 9 1941
that I last saw him alive on Feb 8 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bronchial 5 days

Due to Chronic Bronchitis 10 years

Due to arteriosclerosis

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? _____

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

23. Signature George G. Gentry (M.D. or other) DD
Address Keenett MO Date signed 2-11-41

RECEIVED

District Health Officer No. 2

District File Number 341-366

Date Filed 3/12/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.