

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10220

FILED APR 11 1941
Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 68

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

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hosp. #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Since July 20-1941
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Chas B. Jones
 3. (b) If veteran, name war _____
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Aug 10 1896
 (Month) (Day) (Year)

8. AGE: Years 45 Months 7 Days 25
 If less than one day hr. _____ min. _____

9. Birthplace Warren Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation None
 11. Industry or business _____

MOTHER FATHER
 12. Name C. B. Jones
 13. Birthplace Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Alice Hutton
 15. Birthplace Warren Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Prof. State Hosp. records
 (b) Address _____

17. (a) Removal (b) Date thereof July 5-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg Mo.
 18. (a) Signature of funeral director Lead A. Harding
 (b) Address Jonesburg, Mo.

19. (a) March 5, 1941 (b) R. N. Crews
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Montgomery
 (c) City or town Jonesburg
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
 year 1941 hour 9⁴⁵ A.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from Jan 1-1941 to March 5-1941
 that I last saw him alive on March 5-1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia
 Duration 3 days

Due to Pneumococcus
 Due to _____

Other conditions Ran down from failure to eat properly, with mild deterioration
 (Include pregnancy within 3 months of death)

Major findings: dilatation
 Of operations _____
 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? _____

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

23. Signature P. S. Tate (M. D. or other) D
 Address State Hosp. #1 Fulton Mo Date signed 3-5-41

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.....

Paul A. Harding
working under my personal supervision.

....., Registered Apprentice No.

Signed *Paul A. Harding*

Licensed Embalmer No. *4115*

P. O. Address *Jonestown 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, fact should be so stated above.