

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 21 1941

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Isolated Seclude  
 (a) County Lebanon  
 (b) City or town Lebanon  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Waldice Memorial  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 hours  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Candeur<sup>15</sup>  
 (c) City or town Toronto, Mo Rural<sup>3</sup>  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. General Delivery  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Pauline May Jones  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 8  
 year 1941 hour 6 minute 2 A. M.

4. Sex Female 5. Color of 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

21. I hereby certify that I attended the deceased from May 7, 1941, to May 8, 1941;  
 that I last saw him alive on May 7, 1941;  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Aug 23 39  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Pneumonia  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations 107  
 Of autopsy \_\_\_\_\_

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_  
 12. Name Archie Jones  
 13. Birthplace Candeur Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Fern Hammons  
 15. Birthplace Toronto, Candeur Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Fern Jones  
 (b) Address Toronto, Mo Gen Del  
 17. (a) Burial (b) Date thereof Mar 9 - 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Montreal Cemetery  
Banksau Woodley  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Candeur, Mo  
 19. (a) 2-8-41 (b) J. M. Hunt  
 (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) \_\_\_\_\_  
 (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?  
Yes  
 (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature J. M. Hunt (M. D. or other) \_\_\_\_\_  
 Address Lebanon Mo Date signed 3/14/41

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

107

RECEIVED  
District Health Officer No. 7,  
District File Number 4444721  
Date Filed 4/15/74

STATEMENT BY LICENSED EMBALMER

*Inpared*

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 Abbie Woolery

Licensed Embalmer No. 24818

P. O. Address Camden, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 111235-

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lebanon  
(b) City or town Lebanon  
(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)

3. (a) PRINT FULL NAME Pauline May Jones  
3. (b) If veteran, \_\_\_\_\_ Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ year

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
6 14 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) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (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) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 8  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to No Complications

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Lebanon Mo Date signed 4-10-41

SUPPLEMENTAL COPY

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

MOTHER FATHER

1941  
S-11135