No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11282

Registration District No. 5-15-

Primary Registration District No. 5-654

Registrar's No. 5-

59
0
0

1. PLACE OF DEATH:
(a) County Livingston
(b) ~~City or town~~ Rural Blue Mound Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 ½ miles S. E. Dawn, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 70 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
59
0
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3½ miles S. E. Dawn, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Henry Thomas Jones.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Eliza Evans Jones

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

7. Birth date of deceased May (Month) 19 (Day) 1870 (Year)

8. AGE: Years 70 Months 10 Days 10 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name William R. Jones
13. Birthplace Unknown (City, town, or county) 4 Wales (State or foreign country)

MOTHER
14. Maiden name Elizabeth Griffith
15. Birthplace Unknown (City, town, or county) 4 South Wales (State or foreign country)

16. (a) Informant David W. Jones
(b) Address R. F. D. Dawn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-'41 (Month) (Day) (Year)
(c) Place: Burial or cremation Welch Cemetery

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.

19. (a) Mar. 29 1941 (Date received local registrar) (b) Terrence A. Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Mar 20, 1941 to Mar 28, 1941 that I last saw him alive on March 22, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	5 days
Due to Influenza	10 days
Due to	
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature G. W. Gardner (M. D. or other)
Address Chillicothe Mo Date signed 3/29/41.

(Licensed Embalmer's Statement on Reverse Side)

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

Elton F. Herman & E. R. Herman (2374), Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Herman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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

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