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4-41  
17-53  
X-1350

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18740  
Registrar's No. 8

APR 28 1941  
Registration District No. 5

Primary Registration District No. 2960 4426

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Dixon, Missouri  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85  
(c) City or town Dixon, Missouri 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1  
year 1941 hour 5 minute AM  
21. I hereby certify that I attended the deceased from 3-1  
1941 to 3-1 1941  
that I last saw him alive on 3-1 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Heart failure  
Due to asthma  
Due to 110  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Y. Miller M.D. (M. D. or other) 1  
Address Dixon, Mo Date signed 3-4-41

3. (a) PRINT FULL NAME Marion Wesley Jones

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

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

7. Birth date of deceased 1 3 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 1 28 hr. \_\_\_\_\_ min.

9. Birthplace Iberia, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor at High School

11. Industry or business \_\_\_\_\_

12. Name Jim Jones

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Jones

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 3-2-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seaton

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 3/28/41 (b) A. S. Ledy  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number... 44-288

Date Filed -----

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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.....

3/2-1941  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*Fred W. Gilbert*

Licensed Embalmer No. 2341

P. O. Address.....

*Nixon Ave*

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.