

No. 2
4-13-40
17-36
I 22-19

Registration District No. 760A Primary Registration District No. 5000 State File No. _____ Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County St. Charles Co.
(b) City or town Wentzville, Mo.
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community R.R. crossing Wentzville
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Charles
(c) City or town Wentzville Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Leo Jones
(b) If veteran, name was unknown
(c) Social Security No. 486-14-4409

20. DATE OF DEATH: Month Feb day 25
year 1941 hour 6 minute 59 AM

4. Sex male 5. Color or race negro
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Mary Jones
(c) Age of husband or wife if alive 23 years
7. Birth date of deceased May 28 1914
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Coroner August 19
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
26 8 28 hr. min.

Immediate cause of death Instant death

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

Due to Due to multiple fracture covering entire body.

10. Usual occupation Laborer.

Other conditions (Includes pregnancy within 3 months of death)

11. Industry or business W.P.A. program.

MOTHER FATHER
12. Name Rollins Jones
13. Birthplace unknown Mo (City, town, or county) (State or foreign country)
14. Maiden name Jessie Jones
15. Birthplace Manchester Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations no Of autopsy no
Underline the cause to which death should be charged statistically.

16. (a) Informant James Jones
(b) Address Wentzville Mo.
17. (a) Buried (b) Date thereof Feb 27 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Howell Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Feb 25 1941
(c) Where did injury occur? Wentzville Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
R.R. crossing (Specify type of place)
While at work? yes (a) Means of injury R.R. auto

18. (a) Signature of funeral director Wentzville Mo.
(b) Address Wentzville Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature) LOA

23. Signature R.P. Erickson (M. D. or other) Address St. Charles Mo. Date signed 3/3/41

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 J. E. Peterson
Licensed Embalmer No. 2711
P. O. Address Wrightville, N.C.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11867

Registration District No. 760A

Primary Registration District No. 5999

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Cause, Mo
(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 _____ (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 Feb day 25
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

(Specify type of place) _____
(e) Means of injury _____
While at work? _____
23. Signature A. E. Schulz (M. D. or other) _____
Address St Charles, Mo Date signed _____

3. (a) PRINT FULL NAME James Leo Jones
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M Color or race negro
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 26 Months 8 Days 28
If less than one day _____ 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)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-6-41 (b) Gertrude S. Kerstetter
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

SUPPLEMENTARY

11867

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.