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K21492

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12363

State File No. _____

Registration District No. 881

Primary Registration District No. 6175

Registrar's No. 10

1. PLACE OF DEATH:

(a) County WARREN
(b) City or town RURAL Camp Brown Top
(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 40 YEARS
years, months or days

8. (a) PRINT FULL NAME MRS. MARY (Mc Culloch) JONES

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife NATHAN JONES 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased AUGUST 12th 1849
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 19
If less than one day _____ hr. _____ min.

9. Birthplace LINCOLN COUNTY, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER { 12. Name WM. MC CULLOCH

13. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH MINTON

15. Birthplace WEST VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. G. B. MEANS

(b) Address WARRENTON, MISSOURI

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

(c) Place: burial or cremation CENTRAL GROVE, WARREN CO.

18. (c) Signature of funeral director ROY MEANS

(b) Address Faneburg, Missouri

19. (a) April 4, 1941 (b) Arthur E. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. WARREN Co. A. 11 MILES N. US. 40
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 31
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Sept 9
1940 to March 31, 1941;
that I last saw her alive on March 30, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis
Due to Senility
Due to _____
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?
SO? (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Charles L. Garcia (M. D. or other) _____
Address Warrenton, Ore. Date signed 4/2/41

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

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

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, John F. Nieburg

....., Registered Apprentice No.
working under my personal supervision.

Signed John F. Nieburg
Licensed Embalmer No. 3897
P. O. Address Warrenton, OR

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, above space should be left blank.