

S. No. 1-11-5-11-1-K21492

FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14058**

Registration District No. 99

Primary Registration District No. 4061

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Polo
(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 years, months or days)

In this community all his life

3. (a) PRINT FULL NAME John W. Jones

3. (b) If veteran, ✓ **3. (c) Social Security name war.** ✓ **No.** ✓

4. Sex M. C. **5. Color or race** wh

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

6. (b) Name of husband or wife Miss Jones **6. (c) Age of husband or wife if alive** 51 years

7. Birth date of deceased Feb. 15 - 1873
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Ray Co. Mo. U.S.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name Scrathen Jones

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

14. Maiden name Mary Ann Turner

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

16. (a) Informant Mrs. Minnie Jones

(b) Address Polo Mo

17. (a) Burial **(b) Date thereof** 4-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jimminee Cemetery

18. (a) Signature of funeral director Adolph + Cowley

(b) Address Polo Mo

19. (a) April 5-41 **(b)** Polo Mo
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Polo
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1941 hour 11:42 P.M. M.

21. I hereby certify that I attended the deceased from Nov 3
1941, to April 3, 1941;
that I last saw him alive on April 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Duration 4 mo

Due to arterosclerosis

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?

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While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature C. H. Wilson **(M. D. or other)** 0

Address Polo Mo **Date signed** 4-7-41

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.....

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, above space should be left blank.