No. 2
4-13-40
-17-39
I X23159

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

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14224

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 21

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town El Dorado Springs - 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) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cedar
(c) City or town El Dorado Spgs
(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.

3. (a) PRINT FULL NAME Thomas Henry Jones.
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Male
5. Color or race wh
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Juliette Jones
6. (c) Age of husband or wife if alive D. years
7. Birth date of deceased Dec (Month) 7 (Day) 1844 (Year)
8. AGE: Years 96 Months 4 Days 5 If less than one day ... hr. ... min.
9. Birthplace / Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer.
11. Industry or business
MOTHER
12. Name Clifton Jones.
13. Birthplace not known (City, town, or county) not known (State or foreign country)
FATHER
14. Maiden name Not known
15. Birthplace not known (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lulu Milburn
(b) Address Sonia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof apr. 14- 41 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cem - Sonia
18. (a) Signature of funeral director Nafus Funeral Home
(b) Address El Dorado Springs - Mo
19. (a) April 16 '41 (Date received local registrar) (b) J. W. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1941 hour 10 minute 35 A.M.
21. I hereby certify that I attended the deceased from Apr 12 Apr 12, 1941, to ..., 19...; that I last saw h[illegible] alive on Apr 12, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	
Due to	
Due to 1/2/0	
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? 1/2/0
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. L. Royston (M. D. or other) 0
Address El Dorado Springs Date signed 4/16

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-41-818
Date Filed 5-8-41

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 George W. Mapes

Licensed Embalmer No. 2753

P. O. Address El Dorado Wyoming

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

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