

No. 2
13-40
17-39
X23159

FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14434**

Registration District No. **289**

Primary Registration District No. **4173**

Registrar's No. **18**

1. PLACE OF BIRTH:
 (a) County Dunklin
 (b) City or town Malden
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
601 E Howard
 (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

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

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 14 1939
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 11 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Harvey Jones
 13. Birthplace Alabama
 (City, town, or county) (State or foreign country)
 14. Maiden name Maria Head
 15. Birthplace Malden Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Carroll Head
 (b) Address Malden Mo.

17. (a) Burial (b) Date thereof Apr 26-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo.

18. (a) Signature of funeral director W. Craig

(b) Address Malden Mo.

19. (a) 4/26/41 (b) St. Mitchell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dunklin
 (c) City or town Malden
 (If outside city or town limits, write "RURAL")
 (d) Street No. 601 E Howard
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 25th
 year 1941 hour 2:11 minute 15 M.

21. I hereby certify that I attended the deceased from April 22, 1941 to April 25, 1941
 that I last saw her alive on April 25, 1941
 and that death occurred on the day and hour stated above.

Immediate cause of death Pneumonia

Due to Measles

Due to _____

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

Major findings:
 Of operations
 Of autopsy

Devotion 3 day

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?

2600 (Specify type of place)
 While at work? (c) Means of injury _____

23. Signature Rayden Watson
 Address Malden Date signed 4/25/41

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

RECEIVED

District Health Officer No. 2,

District File Number 541-343

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.....

V. H. Craig

Licensed Embalmer No.

2850

P. O. Address.....

Malden Mo

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.