

FILED MAY 15 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14713

Do not use this space.

## 1. PLACE OF DEATH

(a) County Howard, Registration District No. 378 43  
 (b) Township..... Primary Registration District No. 4222 / Registered No. 26  
 (c) or City Fayette, (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Mary Alice Jones,  
 (a) Residence, No. Fayette St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sanford Jones,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17th 1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
20 79 9 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri, (STATE OR COUNTRY)

FATHER 13. NAME Barney J. Ballew,

14. BIRTHPLACE (CITY OR TOWN) Missouri, (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Amanda Wills,

16. BIRTHPLACE (CITY OR TOWN) Missouri, (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs Delmer Ballew, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill, DATE 4-5th 1941

19. FUNERAL DIRECTOR (NAME) Guy T. Halley, (ADDRESS) Fayette, Mo.

20. FILED 4-5-41 Anna P. Tindale Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th 1941

22. I HEREBY CERTIFY, That I attended deceased from

Dec 15, 1940, to 4-4, 1941

I last saw him alive on 4-4, 1941. Death is said to have occurred on the date stated above, at 9 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset 4-2-41

Other contributory causes of importance:

Chronic Cardiac - vascular  
Renal-disease

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) W. B. Sloan M. D.

(Address) Fayette, Mo.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 5/12-41

**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 Guy T. Kelley  
Licensed Embalmer No. 2966  
P. O. Address Fayette 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, above space should be left blank.**

Registration District No. 378

Primary Registration District No. 4222

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Howard  
(b) City or town Fayette  
(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 \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mary Alice Jones  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color of race W  
6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 6 17 1941  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 80 9 17 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 \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 6-21-41 (b) Anna R. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard  
(c) City or town Fayette  
(If outside city or town limits, write "RURAL")  
(d) Street No. West Morris St  
(If rural, give location)  
(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 4  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw \_\_\_\_\_ 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)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature N. A. Bloom (M. D. or other) \_\_\_\_\_

Address Fayette Mo Date signed \_\_\_\_\_

SUPPLEMENTAL

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

BOHENA

1870

1870

1870

1870