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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14780

Registration District No. 398 Primary Registration District No. 5554 Registrar's No. 114

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

1. PLACE OF DEATH:
(a) County Jackson
(b) ~~City or town~~ Independence Blue Ti
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 7/8
(c) City or town Independence 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1527 South Dodgeon 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Robert Elvin Jones Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race Wht
6. (a) Single, widowed, married, divorced Child 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 30 (Day) 1928 (Year)

8. AGE: Years 12 Months 9 Days 24 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Robert Elvin Jones Sr.
13. Birthplace (City, town, or county) 0 Missouri (State or foreign country)
MOTHER
14. Maiden name Mildred Ethel Mitchell
15. Birthplace (City, town, or county) / Michigan (State or foreign country)
16. (a) Informant Robert E. Jones Sr.
(b) Address Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove Cemetery
18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence, Mo. 3/0
19. (a) Apr. 25 1941 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-24-41 day
year hour minute 1A M.
21. I hereby certify that I attended the deceased from Deputy Corr, 19 ; to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Body Burned
Due to Fire — House
Due to
Other conditions (Include pregnancy within 3 months of death) 180
Major findings: Of operations 15
Of autopsy

Duration

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) Accident
(b) Date of occurrence 4-24-41 0 1/8
(c) Where did injury occur? Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home Burned by Fire (Specify type of place)
While at work? (e) Means of injury
23. Signature Russell W (M. D. or other) 3
Address Clin Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 My

, Registered Apprentice No.

working under my personal supervision.

Signed Roland F. Peeks

Licensed Embalmer No. 3604

P. O. Address Indep. 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.