

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 26 1941

STANDARD CERTIFICATE OF DEATH

Registration District No. 716 Primary Registration District No. 0940

1. PLACE OF DEATH:  
(a) County Pulaski  
(b) City or town Crocker  
(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 wife  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Pulaski  
(c) City or town Crocker  
(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? - 0 years.

3. (a) PRINT FULL NAME Dessie Jones  
3. (b) If veteran, name war -  
3. (c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 21  
year 1941 hour 8 minute 30 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Chas Jones  
6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased Mch 10 - 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 20, 1941, to April 21, 1941, that I last saw her alive on April 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia  
Duration 3 days

8. AGE: Years 57 Months 1 Days 11 If less than one day hr. min.

Due to 107  
Due to

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

Other conditions Chronic Bronchitis  
(Include pregnancy within 3 months of death)

10. Usual occupation House Wife

11. Industry or business At home

Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically

MOTHER FATHER { 12. Name Frank Payne  
13. Birthplace Ky (City, town, or county) (State or foreign country)

{ 14. Maiden name Rebecca Carmack  
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl Jones  
(b) Address Crocker Mo

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

17. (a) Burial (b) Date thereof 4/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Crocker Cem

18. (a) Signature of funeral director J. H. Haas  
(b) Address Crocker Mo

19. (a) April 23/41 (b) H. G. ...  
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Haas (M. D. or other)  
Address Crocker Mo Date signed 4/23/41

RECEIVED

District Health Officer No. 5

District File Number

5-411589

Date Filed \_\_\_\_\_

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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

*Paul B. Hooper*

Licensed Embalmer No. 9261

P. O. Address *Grocks, Md.*

**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.