No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17733

Registration District No. 288 Primary Registration District No. 5406 Registrar's No.

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett Mo. R# 1
(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 years, months or days)
In this community 58 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Kennett, Independence
(If outside city or town limits, write "RURAL")
(d) Street No. Rural 1.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lydia Ann Jones
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herbert G. Jones
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Mar. 25 (Month) 1883 (Day) (Year)
8. AGE: Years 58 Months 1 Days 27 If less than one day hr. min.
9. Birthplace Kennett R# 1 (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmwife
11. Industry or business
FATHER 12. Name W. R. Chapman
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Susan Barger
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Herbert G. Jones
(b) Address Kennett Mo. R# 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23rd-41 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Cem.
18. (a) Signature of funeral director Lentz Service
(b) Address Kennett Mo.
19. (a) 5-31-41 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1941 hour 5 minute 20 A.M.
21. I hereby certify that I attended the deceased from October 1940 to May 22, 1941 and that I last saw her alive on May 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	28 hrs
Due to Hypertension with cardio-renal disease	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. R. Fresnell (M. D. or coroner)
Address 204 S. Main, Kennett, Date signed 5-29-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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