No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18087

Registration District No. 408 Primary Registration District No. 3020 Registrar's No. 85

49 1 3

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1310 Case St. (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 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage (If outside city or town limits, write "RURAL")
(d) Street No. 1310 Case St. (If rural, give location)
(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Mary Juanita Jones
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Charles W. Jones
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June (Month) 4 (Day) 1902 (Year)

8. AGE: Years	Months	Days	If less than one day
38	11	12	____ hr. ____ min.

9. Birthplace Kansas City, (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER 12. Name Burton Albert Wimer
FATHER 13. Birthplace Lamonte, Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Emma Pierce
MOTHER 15. Birthplace Clarksburg, Missouri. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Charles W. Jones
(b) Address 1616 Case St., Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.
19. (a) May 17, 1941 (Date received local registrar) (b) E. J. McGinley, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1941 hour 3:05 minute A. M.
21. I hereby certify that I attended the deceased from February 22nd, 1941 to May 16th, 1941, that I last saw her alive on May 16th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bilateral carcinoma of right	
Due to and left ovary with	
metastasis.	3 Mo.
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations Bilateral carcinoma of right and left ovary.
Of autopsy No.

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) No
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? (e) Means of injury ____
23. Signature George H. Wood (M. D. or other) M. D.
Address 304 Grant St. Carthage, Mo. Date signed 5/17/41

(Licensed Embalmer's Statement on Reverse Side)

41-6-556

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 Ed Ellmer

Licensed Embalmer No. 2222

P. O. Address Carthage

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

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