

STANDARD CERTIFICATE OF DEATH

State File No. 18266

Registration District No. 470

Primary Registration District No. 5683

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Lawrence  
 (b) City or town Mount Vernon  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri State Sanatorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 350 days  
 (Specify whether years, months or days)  
 In this community 350 days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Gail Agnes Jones

3. (b) If veteran, name war No 3. (c) Social Security No. None known

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Hobart Jones 6. (c) Age of husband or wife if alive 37 years  
 7. Birth date of deceased October 14th 1917  
 (Month) (Day) (Year)

8. AGE: Years 23 Months 7 Days 9  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Keswick Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name Herman Arthur Leedom  
 { 13. Birthplace Glenwood Missouri  
 { (City, town, or county) (State or foreign country)  
 { 14. Maiden name Delphia Maud Seamster  
 { (City, town, or county) (State or foreign country)  
 { 15. Birthplace Glenwood Missouri  
 { (City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael Record Clerk  
 (b) Address Missouri State Sanatorium  
 17. (a) Removal (b) Date thereof 5-13-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director King Funeral Home  
 (b) Address Aurora Mo.  
 19. (a) 5-13-1941 (b) P.A. Holmes  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th  
 year 1941 hour 12:05 minute A M.

21. I hereby certify that I attended the deceased from M 8 28th 1941 to May 13 1941.  
 that I last saw h. or alive on May 12th 1941.  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis About 1 1/2 yrs Duration

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Tuberculosis coughing  
 (Include pregnancy within 3 months of death)  
Rt.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
 While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 Address Putnam, Mo. Date signed 5/13/41

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

RECEIVED  
District Health Officer No. 6,  
District File Number 641-879  
Date Filed JUN 6 1941

FEB 3  
1953

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**