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FILED JUN 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18349

Registration District No. 527

Primary Registration District No. 5903 4313

Registrar's No.

1. PLACE OF DEATH:

(a) County MACON

(b) City or town BEVIER
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(c) City or town Bevier
(If outside city or town limits, write "RURAL")

(d) Street No. East Gentry Street
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME BESSIE ESTELLA JONES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16
year 1941 hour 11 minute 15 a.m.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife OTIS W. JONES

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased AUGUST 10 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 13, 1941 to May 16, 1941
that I last saw her alive on May 16, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>8</u>	<u>6</u>	<u>—</u> hr. <u>—</u> min.

Immediate cause of death:
Hemorrhage following spontaneous abortion (3d mo. preg.)
not therapeutically induced
at 3 a.m.
Chronic Respiratory TB in active stage.
Other conditions 3d mo. pregnancy.
(Include pregnancy within 3 months of death)

9. Birthplace RANDOLPH COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Physician 17/48

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name JOHN JOHNSON

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MINNIE E. SUMMERS

15. Birthplace MAGNOLIA COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Otis Jones

(b) Address Bevier, Macon Co

17. (a) RURAL (b) Date thereof 5-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEST OAKWOOD CEMETERY

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? 470

18. (a) Signature of funeral director M. P. Edwards

(b) Address Bevier, Mo

19. (a) May 23, 1941 (b) Edw Simpson
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Dr. E. L. Wilk
Address Bevier, Mo Date signed 7/16/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 6-41-1138

Date Filed JUN 18 1941

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 [Signature]

Licensed Embalmer No. 1961

P. O. Address Brewer 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.