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FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18611

Registration District No. 653

Primary Registration District No. 5871

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Deering-Braggadocio
(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
In this community
years, months or days

3. (a) PRINT FULL NAME Ina Loretta Jones

3. (b) If veteran, name war. (c) Social Security No.

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased December 8 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 5 23 hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Jesse Jones

13. Birthplace Missouri Co. Ark
(City, town, or county) (State or foreign country)

14. Maiden name Anna Hooper

15. Birthplace Ark
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Jones

(b) Address Deering, Mo

17. (a) Burial (b) Date thereof 6-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Zion

18. (a) Signature of funeral director Herman Zandt Co

(b) Address Stark, Mo

19. (a) 6-1-41 (b) Pearl Kelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot
(c) City or town Deering-Braggadocio
(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. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 1 year 1941 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 23d 1941 to May 31 1941; that I last saw him alive on May 31 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis

Due to Measles

Due to Measles

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

Duration AK

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?

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

23. Signature William Pitt (M. D. or other)
Address Deering Date signed 6/1/41

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

6-41-13

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

William C. Shelton

Licensed Embalmer No. *5929*

P. O. Address, *Steele, Mo.*

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

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