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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. 18907

Registration District No. 173 Primary Registration District No. 6018A Registrar's No. 88

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town St Francois Co
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron
(c) City or town Ironton
(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.

3. (a) PRINT FULL NAME Charles W. Jones
3. (b) If veteran, name war Unknown
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nora
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased 3 (Month) 28 (Day) 1858 (Year)
8. AGE: Years 83 Months 2 Days 3 If less than one day hr. min.
9. Birthplace Madison Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Joseph Jones
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Nancy Pritchett
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant State Hospital No. 4 Records
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-41 (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia Mo
18. (a) Signature of funeral director Thomas White Sr
(b) Address Ironton Mo
19. (a) May 31-41 (Date received local registrar) (b) T. L. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1941 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from 5-19-41, 19..., to 5-31-41, 19...; that I last saw him alive on 5-31-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Senile Psychosis (apoplexy - progressive cerebral sclerosis) (amend yes?) — Duration

Due to uremia chronic nephritis

Due to Hypertrophy of the prostate

Other conditions (Include pregnancy within 3 months of death) chronic nephritis

Major findings: Of operations no

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)
(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. Tivis Graves, Jr., (M. D. or other) M.D.
Address Farmington, Mo. Date signed

(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 Lincel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton Tex

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

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