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FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19381

State File No. ~~17054~~

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 141

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Nouinger Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nevada Tp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Nouinger Rural
(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 Henry David Jones

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1941 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from
Jan 1, 1941 to May 10, 1941
that I last saw him alive on May 5, 1941
and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race wh

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

6. (b) Name of husband or wife Emma T Jones

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Aug 26 1859
(Month) (Day) (Year)

Immediate cause of death Malignant growth in descending colon

Due to.....

Due to.....

8. AGE: Years 81 Months 8 Days 14
If less than one day hr. min.

9. Birthplace Brentsville Tenn
(City, town, or county) (State or foreign country)

Other conditions Age - 46
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

10. Usual occupation Farmer - Minn

11. Industry or business Farmer - Minn

12. Name unk

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

14. Maiden name unk

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

16. (a) Informant Mrs Emma Jones

(b) Address Nouinger, Mo

17. (a) Burial (b) Date thereof May 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nouinger, Mo

18. (a) Signature of funeral director C. S. Gashwiler

(b) Address Clarence, Mo

19. (a) May 12/41 (b) Spencer L. Meema
(Date received local registrar) (Registrar's signature)

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 J. S. Gashwiler (M. D. or other) J. M. D.

Address Nouinger, Mo Date signed.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 60-41-1168

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.....

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.