

FILED JUL 8

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21413**

Registration District No. **188**

Primary Registration District No. **5254**

Registrar's No. **10**

**1. PLACE OF DEATH:**  
 (a) County Christian  
 (b) City or town Rural, Porter Twp.  
 (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 \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

**3. (a) PRINT FULL NAME** Anna Malinda Jones  
**3. (b) If veteran,**  **name war** **3. (c) Social Security**  **No.** \_\_\_\_\_

**4. Sex** female **5. Color or race** white **6. (a) Single, widowed, married,** divorced Married  
**6. (b) Name of husband or wife** James Robert Jones **6. (c) Age of husband or wife if** 75 **alive** 75 **years**  
**7. Birth date of deceased** Aug-15-1868  
 (Month) (Day) (Year)

**8. AGE:** Years 72 Months 9 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Unknown  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business**  
**12. Name** Jesse Cooper  
**13. Birthplace** Unknown  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Lucinda Yocum  
**15. Birthplace** Unknown  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Jessie M. Corneel  
**(b) Address** Nixa, Mo

**17. (a) Burial** burial **(b) Date thereof** June 19-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** M. Connell Cem.

**18. (a) Signature of funeral director** J.W. Maples  
**(b) Address** Clever - Mo

**19. (a) June 13, 1941** **(b) Ida O. Hawkins**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Christian  
 (c) City or town rural  
 (If outside city or town limits write "RURAL")  
 (d) Street No. Nixa R #1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month June day 12  
 year 1941 hour 1 minute 0 P. M.

**21. I hereby certify that I attended the deceased from** May 29  
 1941 to June 12, 1941;  
 that I last saw him alive on June 3, 1941;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Cerebral hemorrhage  
 Duration May 29/41

**Due to** DTL  
**Due to** 95%

**Other conditions** Myocarditis 1 or 2 years duration  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
**Major findings:**  
 Of operations X  
 Of autopsy X  
 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?** 169  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

**23. Signature** M.A. Kawan (M. D. or other) D  
**Address** Nixa, Mo **Date signed** 6/13/41

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

RECEIVED

District Health Officer No. 9

District File Number 71-1014

Date Filed JUL 7 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

*J. W. Maples*

Licensed Embalmer No. 2985

P. O. Address Cluer 710

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, above space should be left blank.