

No. 2  
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17-39  
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FILED JUL 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22104

State File No. \_\_\_\_\_

Registration District No. 508

Primary Registration District No. 3026

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:  
230 Madison Street /  
(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)

In this community 3 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. 5 miles S.W. Browning, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Betty Len 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 Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 29 1939  
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chillicothe Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Carl Jones

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

14. Maiden name Eva Lee Lunsden

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

16. (a) Informant Carl Jones

(b) Address Browning, Missouri

17. (a) Burial (b) Date thereof 7-7-'41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deep Springs Cemetery

18. (a) Signature of funeral director F. B. Herman Co.

(b) Address Chillicothe, Missouri

19. (a) 7-7-41 (b) H. W. Grace, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5<sup>th</sup>  
year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from July 3, 1941, to July 5, 1941;  
that I last saw her alive on July 5, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis following measles

Duration 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 75  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 043 (Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature V. D. Vandiver (M. D. or other) 0

Address Chillicothe Mo. Date signed 7-8-41

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

Missouri  
State  
Bureau of Health  
215 S. W. 1st Street, No. 1

California  
Department of Health  
820 Madison Street

3 days.  
Body for James

White  
Male  
Age 35  
Date 1933

California  
State

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

James  
White

Registered Apprentice No.

working under my personal supervision.

James  
White

Signed

James  
White  
Licensed Embalmer No. 1234

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.