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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22109

Registration District No. 516

Primary Registration District No. 5682

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Livingston  
(b) City or town Wheeling Wheeling Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether)  
In this community: 30 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Wheeling Wheeling Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maria Jane Jones

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband Benjamin Jones 6. (c) Age of husband or wife if alive deceased

7. Birth date of deceased Nov. 6, 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 23 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Danville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name John Goff

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

14. Maiden name Elizea Ann Cannon

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

16. (a) Informant John Jones

(b) Address Wheeling, Missouri

17. (a) Burial (b) Date thereof 7-1-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling Cemetery

18. (a) Signature of funeral director Smiley Funeral Home  
(b) Address Wheeling, Missouri

19. (a) 7/1/41 (b) Mrs. L. Boone  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1941 hour 10:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Saw her after death  
19\_\_\_\_, to 19\_\_\_\_;  
that I last saw her alive on 3 to 4 yrs. ago 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Struck by freight train  
Burlington Railway

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 6-29-1941  
(c) Where did injury occur? Wheeling, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

East Railroad Crossing Wheeling, Mo.  
(Specify type of place)  
While at work? Yes  
23. Signature Reuben Barney, M.D. Coroner  
Address Chillicothe, Missouri Date signed 6-29-41

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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**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.....

.....**Frank L. Smiley**....., Registered Apprentice No.....  
working under my personal supervision:

Signed.....**Frank L. Smiley**.....

Licensed Embalmer No.....**470**.....

P. O. Address.....**Wheeling, Missouri**.....

**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.**