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FILED JUL 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22209**

Registration District No. **667**

Primary Registration District No. **6763**

Registrar's No. **32**

1. PLACE OF DEATH: **Mississippi St. Whiting**

(a) County **Mississippi**

(b) City or town **Whiting, Mo.**

(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 **65 yrs**

In this community **65 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**

(c) City or town **Whiting, Mo.**

(d) Street No. **1**

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

(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM S. JONES**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**

year **1941** hour **2:10** minute **9** M.

21. I hereby certify that I attended the deceased from **Dr. Doctor**

_____ 19____ to _____ 19____

4. Sex **0 M**

5. Color or race **W**

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

(b) Name of husband or wife **Jessie Jones**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **May 11**

(Month) (Day) (Year)

that I last saw h. _____ alive on _____ 19____

and that death occurred on the date and hour stated above

Immediate cause of death **Acute Indigestion**

Chronic Myocarditis

Duration _____

Due to **Tuberculosis of Bone in right leg of long standing**

Due to _____

8. AGE: Years **65** Months _____ Days _____

If less than one day hr. _____ min. _____

9. Birthplace **Duquoin Mo.**

(City, town, or county) (State or foreign country)

10. Usual occupation **Labourer**

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

Major findings: Of operations **MI**

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name **William S. Jones**

13. Birthplace **Missouri**

(City, town, or county) (State or foreign country)

14. Maiden name **Sarah C. Payne**

15. Birthplace **unknown**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jessie Jones**

(b) Address **East Prairie, Mo.**

17. (a) **Burial** (b) Date thereof **June 12/41**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dogwood Shelly**

18. (a) Signature of funeral director **Davis Shelly**

(b) Address **East Prairie Mo.**

19. (a) **8-8-41** (b) **Mrs. S.M. Hodge**

(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? **Home**

(Specify type of place) _____

While at work _____ (a) Means of injury **5 coroner**

23. Signature **Davis Shelly** **Coroner**

(Date received local registrar) (Registrar's signature)

Address **East Prairie, Mo.** Date signed **6/8/41**

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

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FILED
District File Number
District Health Officer No. 2

RECEIVED

RECEIVED

District Health Officer No. 2

District File Number 741-981

Date Filed 7/19/41

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.....
.....
working under my personal supervision.

Signed *Frank Shelby*
Registered Apprentice No.

Licensed Embalmer No. 2720

P. O. Address *East Prairie, Mo.*

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.