No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22324

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 76

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway. 74

(c) City or town (Rural) Burlington Jct. O
(If outside city or town limits, write "RURAL")

(d) Street No. 2 mi. South 2 mi west. O
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SAMUEL AUSTIN JONES.

3. (b) If veteran, name war no

3. (c) Social Security No. none.

4. Sex M. 1

5. Color or race W

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

6. (b) Name of husband or wife Mary Loretta Jones.

6. (c) Age of husband or wife if alive 71. years

7. Birth date of deceased Dec. (Month) 13 (Day) 1869 (Year)

8. AGE: Years 71 Months 5 Days 21. If less than one day hr. min.

9. Birthplace Ross Co. (City, town, or county) Ohio. (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Fletcher Jones.
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Ring.
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Miss Hattie Jones.
(b) Address Burlington Jct. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ohio Cemetery.

18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo.

19. (a) June 4-41 (Date received local registrar) (b) Mamie E. Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3. year 1941 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 1st 1939 to June 3d 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 Hemorrhage of the brain and paralysis — Duration 1 yr

Due to

Due to

Other conditions
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Maryville Mo. Date signed 6/4 1941

(Licensed Embalmer's Statement on Reverse Side)

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 John W. Price.

Licensed Embalmer No. 3229.

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.