

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22471

Registration District No. 718

Primary Registration District No. 6430

Registrar's No. 29

I. PLACE OF DEATH:

**FILLED JUL 19 1941**

- (a) County Putnam
- (b) City or town Unionville  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: NONE  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
In this community All his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Putnam 86
- (c) City or town Unionville  
(If outside city or town limit, write "RURAL")
- (d) Street No. \_\_\_\_\_  
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

- 20. DATE OF DEATH: Month JUNE day 3<sup>rd</sup>  
year 1941 hour 10 minute 45 A.M.
- 21. I hereby certify that I attended the deceased from 5-25-  
\_\_\_\_\_, 1941, to 6-1, 1941;  
that I last saw him alive on 6-1-, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration 20  
Years

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

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

Of autopsy no 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? \_\_\_\_\_
- 23. Signature E.H. Wagoner (M. D. or other) \_\_\_\_\_  
Address Unionville Mo Date signed 6/21/41

- 3. (a) PRINT FULL NAME John LeRoy Jones
- 3. (b) If veteran, name war No
- 3. (c) Social Security No. No

- 4. Sex MALE
- 5. Color or race White
- 6. (a) Single, widowed, married, divorced MARRIED
- 6. (b) Name of husband or wife ANNA D. JONES
- 6. (c) Age of husband or wife if alive 63 years
- 7. Birth date of deceased Oct - 17 - 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Putnam County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Justice of Peace

11. Industry or business Sheriff's Office

- 12. Name John Jones
- 13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)
- 14. Maiden name MARYETT BONEBRIGHT
- 15. Birthplace Putnam County MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Hobart L. Jones

(b) Address Unionville, Mo.

17. (a) BURIAL (b) Date thereof JUNE 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director Cambridge Funeral Home

(b) Address Unionville Mo  
19. (a) June 7-4/1 (b) M. W. Hillman  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1299

Date Filed JUL 16 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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, N

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.