

No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22595

State File No. _____

Registration District No. 772 Primary Registration District No. 4463 Registrar's No. 1045

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Clarus, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Clarus (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME RHODA MRLIZZIE JONES

20. DATE OF DEATH: Month June day 19 year 1941 hour 11 minute 10 P.M.

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

21. I hereby certify that I attended the deceased from NOV 22, 1939, to June 19, 1941; that I last saw her alive on June 18, 1941; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife J.W. Jones 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased: Feb. 11 (Month) 1854 (Day) (Year)

Immediate cause of death Chc myocardite Duration _____

8. AGE: Years 87 Months 4 Days 18 If less than one day _____ hr. _____ min.

Due to Hypertension

9. Birthplace Franktown, Tennessee (City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Retired

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

11. Industry or business _____

Major findings: _____ Of operations _____

MOTHER FATHER { 12. Name Thomas Ayle

Of autopsy _____

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

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? _____ (Specify type of place) (e) Means of injury _____

MOTHER FATHER { 14. Maiden name Sarah Boyd

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

16. (a) Informant Mr. Floyd Sixelium (b) Address Clarus MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-41 (Month) (Day) (Year)
(c) Place: burial or cremation Knob-Lick Cemetery

18. (a) Signature of funeral director Benham Hub Co (b) Address 313 Benham Avenue, Clarus MO

19. (a) 7/2/41 (b) O. B. Harris (Registrar's signature) (Date received local registrar)

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

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

4004

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

C. J. Claywell

Licensed Embalmer No. *3706*

P. O. Address *Council Bluffs 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, above space should be left blank.