

S. No. 2
-1-4-41
5-17-39
-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24468

State File No. _____

FILED AUG 4 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 187

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

1. PLACE OF DEATH:

(a) County BOONE MO

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

(c) Name of hospital or institution: NO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 720 Fairview
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HENRY EVERET JONES

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1941 hour 9 30 minute P M.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife VIOLA JONES

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Oct 23 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-21-41 19____
Dead on arrival

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 8 Days 28 If less than one day
hr. _____ min. _____

Immediate cause of death Apoplexy

Due to Hypertension

Due to _____

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

9. Birthplace HOWARD Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Tank Wagon Driver

11. Industry or business Whole Sale Oil Co

12. Name JAMES EDW JONES

13. Birthplace Howard Co MO
(City, town, or county) (State or foreign country)

14. Maiden name EVA WILKERSON

15. Birthplace Howard Co MO
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy none

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

16. (a) Informant Paul Jones

(b) Address 809 Worley

17. (a) Burial (b) Date thereof July 24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarks Chappel-Howard Co

18. (a) Signature of funeral director R. O. Wrenn

(b) Address Cadinsburg

19. (a) 7/24/41 (b) Allie Selby
(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature F. B. Williamson (M. D. or other) D
Address 1114 Bldg. Columbia Date signed 7-24-41

AUG 1 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.....

R. Willett

Licensed Embalmer No. *3183*

P. O. Address.....

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.