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4-41  
7-39  
X26390

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 29

Registration District No. 184 Primary Registration District No. 5177

1. PLACE OF DEATH:

(a) County. Cape Girardeau

(b) City or town. Bushfield Mo

(c) Name of hospital or institution: Family Home

(d) Length of stay: In hospital or institution. all life 1

In this community. all life 1

3. (a) PRINT FULL NAME Cecil Richard Jones

3. (b) If veteran. name war. \_\_\_\_\_

3. (c) Social Security No. 295-18-6888

4. Sex male

5. Color or race W

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

6. (b) Name of husband or wife. \_\_\_\_\_

6. (c) Age of husband or wife if alive 49 20 years

7. Birth date of deceased. Nov 6 - 1920

8. AGE: Years 20 Months 7 Days 26

If less than one day hr. min.

9. Birthplace Cape Girardeau Mo

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Fred Jones

13. Birthplace Mellville Mo

14. Maiden name Clara Purston

15. Birthplace Bushfield Mo

16. (a) Informant Fred Jones

(b) Address Bushfield Mo

17. (a) Burial, cremation, or removal. Burial

(b) Date thereof 7-4-41

(c) Place: burial or cremation. Leslie Runway

18. (a) Signature of funeral director. G. S. Hough

(b) Address Cape Girardeau Mo

19. (a) 7-18-41 (Date received local registrar)

(b) D. G. Lusk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Cape

(c) City or town. Bushfield (Rural)

(d) Street No. \_\_\_\_\_

(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1941 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from August 23rd 1941 to July 2nd 1941

that I last saw h.t. alive on June 12 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac Decompensation

Due to General weakness & emaciation

Due to Progressive Spinal Muscular atrophy

Other conditions. \_\_\_\_\_

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

Of autopsy. \_\_\_\_\_

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature R. Albert L. Tindall (M. D. or other)

Address Jackson, Mo. Date signed 7/3/41

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

MOTHER FATHER

SEP 8 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

*W. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *Cape Girardeau*

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

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