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

FILED AUG 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25967

Registration District No. 742 Primary Registration District No. 5977 Registrar's No.

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural - Polk
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Ray 89

(c) City or town Lawson 0
(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.? 0 years.

3. (a) PRINT FULL NAME John Clayton Jones

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

4. Sex Male 0 5. Color or race W. 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased Oct (Month) 20 (Day) 1865 (Year)

8. AGE: Years 75 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Knoxville (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Thomas Jones
13. Birthplace Ill (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Martha Stanley
15. Birthplace Dont Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Blanche Farabee
(b) Address Lamar, Colo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Jarman Prichard
(b) Address Lawson Mo

19. (a) July 17-1941 (Date received local registrar) (b) Edwin Shouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1941 hour 2:00 minute P M.

21. I hereby certify that I attended the deceased from May 1941, 19, to July 15, 1941, that I last saw him alive on July 15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema & Cardiac failure

Due to Chronic Myocarditis with Auricular Fibrillation

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

Duration

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? No (e) Means of injury

23. Signature Pletus Buehrer (M. D. or other) M.D.
Address Lawson Mo. Date signed July 16, 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number----------
Date Filed ----8-5-41----------

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. Charles Richard

Licensed Embalmer No. 2751

P. O. Address. Excelsior Springs, Mo.

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.