

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26054

State File No.

LED AUG 14 1941

Registration District No. 73

Primary Registration District No. 6018A

Registrar's No. 118

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town St. Francois Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 49
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 YRS. 23 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis City
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harold B Jones

3. (b) If veteran, name war Unknown (c) Social Security No. None

4. Sex Male (1) 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased May 26th 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Griggsville / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

12. Name Ernest Jones

13. Birthplace Griggsville / Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Ada Butler

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

16. (a) Informant State Hospital No. 4 Records

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 7-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nathalla Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kelwood, Mo.

19. (a) July 29 41 (b) B. S. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1941 hour 1:55 minute _____ A. M.

21. I hereby certify that I attended the deceased from 7-6- 1935 to 7-29 1941;
that I last saw him alive on 7-28 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death General paralysis of insane (terminal apoplexy) Duration 6 years.

Due to Obesity - Moderate generalized arteriosclerosis - mild hypertensive heart disease

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

Major findings: NO
Of operations _____
NO
Of 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) NO

(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 _____

23. Signature Tivis Grates, Jr. (M.D. or other) D.

Address Farmington, Missouri Date signed 8/1/41

(Licensed Embalmer's Statement on Reverse Side)

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

34
600

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.....

John M. Meyer

Licensed Embalmer No.....

3288

P. O. Address.....

Herkwood Inc

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.