o. 2
-4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27655

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 259

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville 7
(If outside city or town limits, write "RURAL")
(d) Street No. 602 N. Main
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Francis Marion Jones
3. (b) If veteran, name war
3. (c) Social Security No. —
4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed V
6. (b) Name of husband or wife Olive V. Jones
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3 (Month) 18 (Day) 1863 (Year)
8. AGE: Years 78 Months 5 Days 18 If less than one day hr. min.
9. Birthplace Ireland (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business ~~Hoogt & [illegible]~~
FATHER 12. Name David Spencer
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Dorothy Henry
15. Birthplace Dorothy Henry 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Hazel Henry
(b) Address Kansas City, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept. 7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mundelein
18. (a) Signature of funeral director [illegible]
(b) Address Springfield Mo.
19. (a) Sept. 7, 1941 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 6 year 1941 hour 7 minute 45 A.M.
21. I hereby certify that I attended the deceased from Aug. 10, 1941, to Sept. 6, 1941 that I last saw him alive on Sept. 6, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	24 hrs.
Due to: Chronic Myocarditis	
Due to: Arthritis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operation
Of autopsy: No 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)
(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 V
23. Signature Richard G. Hoble (M. D. or other) D O
Address Community Nursing Home Date signed 9-6-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number F-41-1612
Date Filed SEP 16 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.....

Licensed Embalmer No.....

P. O. Address.....

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

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