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DEPARTMENT OF COMMERCE
OFFICE OF THE COMMISSIONER
FILED SEP 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27926
Registrar's No. 247

Registration District No. 104 Primary Registration District No. 3008

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton, Mo.
(c) Name of hospital or institution: State Hospital No. 1
(d) Length of stay: In hospital or institution 1 yr 6 mos.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis Co.
(c) City or town St. Louis
(d) Street No. 2103 A. Wash.
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME ALEX - JONES

20. DATE OF DEATH: Month Sept day 10 year 1941 hour 6 minute 15 M.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-01-8149

21. I hereby certify that I attended the deceased from Sept 1, 1941, to Sept 10, 1941; that I last saw him alive on Sept 10, 1941; and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race col 6. (a) Single, widowed, married, divorced mar.
6. (b) Name of husband or wife Emma Jones 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 2, 1894 (Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis Duration 1 hr.
Due to Suppurative meningitis-encephalitis 5 yrs

8. AGE: Years 47 Months 8 Days 8 If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) 20 B

9. Birthplace Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

12. Name Alex Jones

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Emma Townsend

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

16. (a) Informant Records

(b) Address _____

17. (a) Removal (b) Date thereof 9-13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Sugarloaf Church Miss

18. (a) Signature of funeral director J. Randle

(b) Address 3133 Bell Ave St. Louis Mo.

19. (a) 9/11/41 (Date received local registrar) (b) R. N. Creswell (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) _____ (e) Means of injury Q
23. Signature Joyce Imperatrice (M. D. or other) Th. D.
Address Fulton Mo Date signed Sept 10 41

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

SEP 15 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 with the above constitutes grounds for revocation of license.)

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