

S. No. 2
1-11-10-39
v. 3-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29011

Registration District No. 657

Primary Registration District No. 4388

Registrar's No. 83

78
1
2

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

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Caruthersville Mo
(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 20 yrs years, months or days

3. (a) PRINT FULL NAME

John J. Jones

3. (b) If veteran name war - none

3. (c) Social Security No. - none

4. Sex M

5. Color or race Col

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

6. (b) Name of husband or wife Ethel Jones

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 12 (Month)

1-1984 (Day) (Year)

8. AGE:

Years 58 Months 8 Days 12

If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business cotton farm

12. Name West Jones

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

14. Maiden name Adline

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

16. (a) Informant Ethel Jones

(b) Address Caruthersville

17. (a) Burial (b) Date thereof 8-23-41 (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville Mo

18. (a) Signature of funeral director Smith & Hill

(b) Address Hayes Mo

19. (a) Aug 29 1941 (Date received local registrar) (b) Aida Martin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pemiscot
(c) City or town Caruthersville (If outside city or town limits, write "RURAL")
(d) Street No. 500 E. 13th (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Acute Gastritis
Due to No medical attention
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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? _____
While at work? _____ (Specify type of place) (a) Means of injury _____
23. Signature Jules W. Moore Address Hayes Mo Date signed 8/27/41

9-41-18

SEP 17 1948

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 *[Handwritten Signature]*

Licensed Embalmer No. *2627*
P. O. Address *Lilburn Ga*

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, above space should be left blank.