

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **198**

Primary Registration District No. **3011**

Registrar's No. **130**

1. PLACE OF DEATH:
 (a) County Clay
 (b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: South Marietta
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no (Specify whether
 In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clay
 (c) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. South Marietta
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MYRTLE JONES
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 24
 year 1941 hour 11:30 minute 9 M.

4. Sex female **5. Color or** race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife. _____ **6. (c) Age of husband or wife if**
 alive _____ years
7. Birth date of deceased. Jan. 8th 1888
(Month) (Day) (Year)

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

8. AGE: Years 53 Months 7 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration _____

9. Birthplace Ray Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

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

11. Industry or business _____
12. Name William W. Jones
13. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellen Sporengler
15. Birthplace Princeton Indiana
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant Maude Posey
(b) Address 116 W. 17th St. Lawrence, Mo.
17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 8/26/41
(Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Coronary Thrombosis
(b) Date of occurrence 8-24-41 11:30 AM
(c) Where did injury occur? Excelsior Springs, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place or public place? home

18. (a) Signature of funeral director Herbert Pope
(b) Address Excelsior Springs
19. (a) Date received local registrar Sept 12 - 1941 **(b) Registrar's signature** Miss Bea M. Prather
(Date received local registrar) (Registrar's signature)

While at work? _____ **(Specify type of place)** _____
(c) Means of injury _____
23. Signature P. W. Prather **(M. D. or other)** Coroner
Address Excelsior Springs, Mo. **Date signed** 9-25-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-41

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 Scott W. Hochensmith

Licensed Embalmer No. 3597

P. O. Address Excelsior Springs

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.