

No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35526**

FILED OCT 27 1941  
Registration District No. **533**

Primary Registration District No. **5746**

Registrar's No. **16**

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

1. PLACE OF DEATH:

(a) County **Mercer**

(b) City or town **Rural** *Mercer Mo.*

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community **Lifetime** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mercer** **LS**

(c) City or town **Rural, Mercer Mo.** **0**

(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William C. Jones**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Fanny Jones** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **Sept. 26 1882** (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **24** year **1941** hour **7-15** minute **P.** M.

21. I hereby certify that I attended the deceased on **Aug 25 1941** to **Sept 24 1941** that I last saw him alive on **Sept 24 1941** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>58</b>	<b>II</b>	<b>28</b>	hr. min.

Immediate cause of death: **Diphtheria Septisemia** 10 days

Due to **Vincent's pyemia + Osteomyelitis Lower Jaw.** 30 days

Due to \_\_\_\_\_

9. Birthplace **Mercer Co. Mo.** (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 5 months of death)

Major findings: **32 3**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation **Farmer**

11. Industry or business **Own Farm**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **Noah Jones**

13. Birthplace **N.C.** (City, town, or county) (State or foreign country)

14. Maiden name **Susan Anne Hubbs**

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

16. (a) Informant **Norman Jones**

(b) Address **Mercer Mo.**

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? \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **9/27/41**

(Burial, cremation, or removal) **Evergreen Cemetery**

(c) Place: burial or cremation **Lineville Iowa**

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

18. (a) Signature of funeral director **O. P. Mauler**

(b) Address **Lineville Iowa**

19. (a) **Oct 2-1941** (b) **S. T. Davis** (Date received local registrar) (Registrar's signature)

23. Signature **S. T. Davis** (M. D. or other) \_\_\_\_\_

Address **Lineville Mo** Date signed **9/26/41**

July 2 (Licensed Embalmer's Statement on Reverse Side)

DEC 9 1957

**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 Amos L. Greenlee  
Licensed Embalmer No. 3967  
P. O. Address Meriden Mo.

**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.**