

FILLED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35937

Registration District No. 770

Primary Registration District No. 6016

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County St. Clair, Mo.
(b) City or town Rossville, Mo.
(c) Name of hospital or institution: Home
(d) Length of stay: In hospital or institution 26 hrs.
In this community 26 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair, Mo.
(c) City or town Rossville, Mo. (Rural)
(d) Street No. none
(e) Citizen of foreign country? none

3. (a) PRINT FULL NAME CAROL LEE JONES

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced none
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years
7. Birth date of deceased Oct. 16 1941

8. AGE: Years Months Days If less than one day
1 26 hr. min.

9. Birthplace Rossville (Rural)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER { 12. Name MILD JONES
13. Birthplace St. Clair Co. Mo.
14. Maiden name CASSIE WILLIAMS
15. Birthplace Ark City / Kansas

16. (a) Informant Milo Jones

(b) Address Rossville, Mo.

17. (a) Buried (b) Date thereof Oct. 18 1941

(c) Place: burial or cremation Kiddo Chapel

18. (a) Signature of funeral director George Chloff

(b) Address Appleton City, Mo.

19. (a) Oct. 18 1941 (b) George Davidson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16 year 1941 hour 7 minute a M.

21. I hereby certify that I attended the deceased from Oct 16 1941 to Oct 17 1941 that I last saw him alive on Oct 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death 6 month premature

Due to premature separation of placenta and hemorrhages

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 159 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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of Injury D

23. Signature R. L. Hansen (M. D. or other) M.D.
Address Appleton City, Mo Date signed 10-15-41

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1848

Date Filed 11-2-41

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 Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, W.

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.