

38510

 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 17 1941

Registration District No. 411Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 321 So. High. 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 all life years, months or days)

3. (a) PRINT
FULL NAMENORA JONES.

3. (b) If veteran.

name war

3. (c) Social Security

No.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Lee 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 13 1886
 (Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 16
 If less than one day
 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Walden Jingle

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

14. Maiden name Wm. C. Johnson

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

16. (a) Informant Mrs. Elvira Peters

(b) Address 321 So. High

17. (a) Burial (b) Date thereof Dec 3-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peace Cem.

18. (a) Signature of funeral director Chauncey Bellor

(b) Address Joplin Mo

19. (a) 12-3-41 (b) Ed D Jones
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 321 So. High
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30, 1941
 year 1941 hour 1:30 minutes 00 P.M.

21. I hereby certify that I attended the deceased from October 1, 1941 to November 30, 1941
 that I last saw her alive on Nov 30, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Valvular Heart

Due to Chronic Nephritis

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy 1318

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) (e) Means of injury

23. Signature Ed D Jones M.D. (M. D. or other)

Address 708 Spruce St. Joplin Mo Date signed Nov 30-41

372 (Licensed Embalmer's Statement on Reverse Side)

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

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

X26390

41-12-1067.

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..... *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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.