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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1941

Registration District No. 449

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38644

Primary Registration District No. 4267

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

(b) City or town LEBANON Tenn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 N JACKSON 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 ALWAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53

(c) City or town LEBANON 1
(If outside city or town limits, write "RURAL")

(d) Street No. 322 N JACKSON 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME HARVEY E JONES

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife ALMA ROBERS

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased DEC (Month) 12 (Day) 1889 (Year)

8. AGE: Years 51 | Months 11 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace WRIGHT Co (City, town, or county) OMO (State or foreign country)

10. Usual occupation MERCHANT

11. Industry or business BEER PARLOR

FATHER
12. Name LABORN JONES
13. Birthplace ..... (City, town, or county) TENN (State or foreign country)

MOTHER
14. Maiden name MATTIE WEBB
15. Birthplace WRIGHT Co (City, town, or county) OMO (State or foreign country)

16. (a) Informant Alma R. Jones
(b) Address Lebanon Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-4-41 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON MO

18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON

19. (a) 12-3-41 (Date received local registrar) (b) J A McComb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 2
year 1941 hour 10 minute A M.

21. I hereby certify that I attended the deceased from July 1st, 1941, to Dec 2, 1941;
that I last saw him alive on Dec. 1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block, Hard valvular lesion Cerased Liver General Acites

Due to Diseased Condition Sub. function of all organs.

Due to .....

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy none

92d

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?
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature T H Carey (M. D. or other) 0

Address Lebanon Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 1944

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 Allyn Detherage, Registered Apprentice No. 294 working under my personal supervision.

Signed R. O. Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.