No. 2
11-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1941

Registration District No. 464

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4277

38672

State File No.

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa, Mo

(If outside city or town limits, write "RURAL" and name of township)

(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 59 yrs.

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Odessa 4

(If outside city or town limits write "RURAL")

(d) Street No. 201 East Main St. 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Louisa Baker Jones.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem'l

5. Color or race White

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

6. (b) Name of husband or wife H. G. Jones.

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased May (Month) 15 (Day) 1856 (Year)

8. AGE: Years 85 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Chillicothe (City, town, or county) Iowa (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name John N. Baker.
13. Birthplace Unknown (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name Martha Chisman
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant S. G. Jones

(b) Address Odessa Mo

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 11-7-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Cem

18. (a) Signature of funeral director Blincoe Hus.

(b) Address Odessa Mo.

19. (a) Nov 5-41 (Date received local registrar) (b) Mrs E. M. Goodman (Registrar's signature)

414

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1941 hour 3:15 pm minute M.

21. I hereby certify that I attended the deceased from Nov 1, 1941, to Nov 4, 1941; that I last saw her alive on Nov 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12 hrs

Due to Senility

Arteriosclerosis

Due to

Other conditions Fr. External Malleolus

(Include pregnancy within 3 months of death)

Major findings:

Of operations 186a

Of autopsy 18

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) Fr. Ext. Lateral Malleolus

(b) Date of occurrence 11-1-41 0.5 y

(c) Where did injury occur? Odessa Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)

While at work? yes (e) Means of injury 0

23. Signature M. Martin MD (M. D. or other)

Address Odessa Mo Date signed 11-4-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-4-41

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 _____

Licensed Embalmer No. 2945

P. O. Address Odessa 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, above space should be left blank.