

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

39000

State File No.

FILED NOV 28 1941

Registration District No. 632

Primary Registration District No. 4382

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Oregon
 (b) City or town Thayer
 (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. 8 years (Specify whether
 In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon
 (c) City or town Thayer
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Laura Nancy 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 James C. Jones 6. (c) Age of husband or wife if alive 83 years
 7. Birth date of deceased May 7 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 16 hr. min.

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

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER { 12. Name W. Etheridge
 13. Birthplace Texas
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Laura May Fain
 (b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 10/25/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Geo Carr
 (b) Address Thayer, Mo.

19. (a) NOV. 14, 1941 (b) John E. Johnson
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
 year 1941 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct 1 19 41 to Oct 23 19 41
 that I last saw him alive on Oct 22 19 41
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
due to
arteriosclerosis
of
coronary
arteries
due to
arteriosclerosis
of
coronary
arteries

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations 93%
 Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0
 23. Signature John E. Johnson M.D. or other MD
 Address Thayer, Mo. Date signed 11-10-41

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

75
 1
 0

MAY 28 1924

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.....

P. O. Address.....

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.