

FILED DEC 11 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39664

Do not use this space.

103
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Registered No. 39

1. PLACE OF DEATH
(a) County Stoddard Registration District No. 834
(b) Township Pike Twp Primary Registration District No. 0097
(c) City Near Advance (d) Street No. None St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Arthur Bessie Jones
(a) Residence, No. Near Advance, Stoddard Co. Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage, Missouri

13. NAME Charles Bessie Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson Co. Illinois

15. MAIDEN NAME Lizzie May Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Missouri

17. INFORMANT (ADDRESS) Charles Bessie Jones, Advance, Mo. Rt 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage Cem. DATE Oct 10, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Flora S. Morgan, Advance, Mo.

20. FILED 10-10 1941 D. S. McGee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 1941

22. I HEREBY CERTIFY, That I attended deceased from August, 1941, to Oct 8, 1941.

I last saw him alive on Oct 8, 1941. Death is said to have occurred on the date stated above, at 12:24 p.m.

The principal cause of death and related causes of importance were as follows:

Uremic Poisoning Date of onset _____

Other contributory causes of importance: Acute nephritis and Chronic Endocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

(Signed) E. C. Mustus, M. D.

(Address) Advance, Mo.

RELEASE TO CREDIT FOR THE PROGRAM
CONSTITUTE PART TO LICENSE
PLATE NO. 27888888

RECEIVED

District Health Office No. 2,

District File Number 1241-1680

Date Filed 12/10/41

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,

Glaze O Morgan

or by

Registered Apprentice, No. _____, working under my personal supervision.

Signed

Glaze O Morgan

Licensed Embalmer No.

3361

P. O. Address

Advance, N

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.