

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAGC
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42797

State File No. _____

Registration District No. 718

Primary Registration District No. 5948

Registrar's No. 5-3

1. PLACE OF DEATH: Putnam
(a) County Putnam
(b) City or town Rural Wilson 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 LIFE TIME years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam 86
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. LEMONS, MO 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME EMMA S. JONES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 3
year 1941 hour 12 minute 15 A. M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife WALLACE JONES
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 20 1895 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 16, 1941, to Nov 1, 1941, that I last saw her alive on Nov 1, 1941, and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 5 Days 13 If less than one day hr. min.

Immediate cause of death: Myocarditis, chronic with decompensation
Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
Due to _____

10. Usual occupation at home

Major findings: Of operations 93d

11. Industry or business Home work

Of autopsy _____

12. Name FREDER Good

PHYSICIAN
Underline the cause to which death should be charged statistically.

13. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)

14. Maiden name DO NOT KNOW

15. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)

16. (a) Informant: SON JAMES (b) Address Lemons, Mo.

17. (a) BURIAL (b) Date thereof Nov 5 1941 (Burial) (Month) (Day) (Year)

(c) Place: burial or cremation LEMONS MO

18. (a) Signature of funeral director: Central Funeral Home
(b) Address Unionville Mo. B. W. Conatich
19. (a) Dec 31, 1941 (b) H. B. Gilliam (Date received local registrar) (Registrar's signature)

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 E. H. Magee (M. D. or other) _____
Address Unionville Mo Date signed 11-5-41

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

RECEIVED

District Health Officer No. 10

District File Number 1-42-4

Date Filed JAN 9 1942

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.....

James W. Somstock

Licensed Embalmer No. 4197

P. O. Address Unionville 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.