. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1810

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Butler City

(b) City or town: Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Brandon Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: one day (Specify whether years, months or days)
In this community: 18 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler 12

(c) City or town: Poplar Bluff.
(If outside city or town limits, write "RURAL") 1

(d) Street No.: Ninth & Park 3
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: EDWARD A. JONES

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife:

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

7. Birth date of deceased: April 9, 1851 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	9	21	hr. min.

9. Birthplace: Stoddard County, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Printer

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country) 9

16. (a) Informant: William J. Hines
(b) Address: 916 Park, Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 1, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director: Frank Mortuary
(b) Address: 412 Vine St., Poplar Bluff, Mo.

19. (a) 1-31-42 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th.
year 1942 hour 6:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-29-42, 19..., to 1-30-42, 19...; that I last saw him alive on January 30, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
Due to: Influenza	
Due to: Malnutrition	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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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:

23. Signature: W. L. Brandon, M. D. (M. D. or other) M. D.
Address: Poplar Bluff, Missouri Date signed: 1-31-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 242-214
Date Filed 2-11-42

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, xxxxx .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address 412 Vine St. Poplar Bluff,

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.