

S. No. 2
4-13-40
7. 5-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2316

BUREAU OF THE CENSUS
FILED FEB 24 1942

Registration District No. 3728

Primary Registration District No. 3017

Registrar's No. _____

1. PLACE OF DEATH: GRUNDY
 (a) County. GRUNDY
 (b) City or town. TRENTON Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution. 604 East 9th St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 83 (Specify whether years, months or days)

3. (a) PRINT FULL NAME J. FRANK JONES

3. (b) If veteran, name war. _____ 3. (c) Social Security No. NONE

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Alice Jones 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Mo 20 1868 (Month) (Day) (Year)

8. AGE: Years 83 Months - Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Grundy County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name SIMPSON JONES

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Prather

15. Birthplace Shelbournville Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Jones (b) Address Des Moines, Mo.

17. (a) Burial (b) Date thereof 12-17-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation South Green Camp

18. (a) Signature of funeral director Walter Jones (b) Address Des Moines

19. (a) 12-17-41 (b) Dr. Jones (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 40
 (a) State Missouri (b) County Grundy
 (c) City or town. TRENTON (If outside city or town limits, write "RURAL")
 (d) Street No. 604 East 9th (If rural, give location)
 (e) If foreign born, how long in U. S. A.? No - 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th year 1941 hour 4:45 minute P M.

21. I hereby certify that I attended the deceased from Jan 1st 1940 to Dec 15th 1941 that I last saw him alive on Dec 15th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 days

Due to Infection Primary Pneumococci

Other conditions Arteriosclerosis 5 years (Include pregnancy within 3 months of death)

Major findings: 101 Of operations _____ 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 _____

23. Signature Oliver T. Druffy (M. D. or other) M.D. Address Trenton Mo Date signed Dec 17th 1941

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

10
1
2

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.....

Myself
.....
working under my personal supervision.

.....
Registered Apprentice No.

Signed.....
Raymond A. Davis

.....
Licensed Embalmer No. *3424*

.....
P. O. Address. *Shelton, 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.