

S. No. 2
1-1-4-41
1.5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2375**

Registration District No. **364**

Primary Registration District No. **5509**

Registrar's No. **1**

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

1. PLACE OF DEATH:
 (a) County **Luckery**
 (b) City or town **Rural**
(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 _____
(Specify whether)
 In this community **40 years**
years, months or days

3. (a) PRINT FULL NAME **Merton L. Jones**
3. (b) If veteran, _____ **3. (c) Social Security** _____
name war No.

4. Sex **m** **5. Color or race** **wh**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary Francis Jones**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 16, 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **15**
If less than one day hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Chas. Jones**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Sutton**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Merton L. Jones**
(b) Address **Preslon, Mo**

17. (a) Burial, cremation, or removal **burial** **(b) Date thereof** **1/4/42**
(Month) (Day) (Year)
(c) Place: burial or cremation **Little Niagara**

18. (a) Signature of funeral director **L. Luckey**
(b) Address **Wheatland, Mo**

19. (a) **Jan 10-1942** **(b) Mary F. Carleton**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Luckery**
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **31**
 year **1942** hour **6** minute **00** M.
21. I hereby certify that I attended the deceased from **Jan 21**, 19**41** to **Jan 21**, 19**41**
 that I last saw h _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary atherosclerosis**
Heart
 Due to _____
 Due to _____

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

Major findings: **94a**
 Of operations _____
 Of autopsy _____

Duration **1 hr**
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 **La Flores** (M. D. or other) _____
Address **Urbana mo** Date signed **1/5/42**

RECEIVED

District Health Officer No. 7,

District File Number 2-42-25

Date Filed 2-9-42

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. J. Lacey

Licensed Embalmer No. 9987

P. O. Address.....

Whitland 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.