

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1942

Registration District No. 372

Primary Registration District No. 5049

Registrar's No. 1100

1. PLACE OF DEATH:

(a) County Halt
(b) City or town Rural Liberty, Tenn
(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 ✓
In this community 3 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Halt
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 10 1/2 miles N. West
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOREN ELVIS JONES

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1942 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 15 to Jan. 6 1942
that I last saw him alive on Nov. 15 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased April 3 1906
(Month) (Day) (Year)

Immediate cause of death C coronary occlusion Duration 30 min

Due to Rheumatic heart disease & mitral stenosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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

8. AGE: Years 35 Months 9 Days 3
If less than one day _____ hr. _____ min.

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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

9. Birthplace Near Elmo Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Blanche Jones

13. Birthplace Near Elmo Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Etta Larum

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

16. (a) Informant Herman Jones

(b) Address Fairfax mo

17. (a) Burial (b) Date thereof Jan 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation English Grove cemetery

18. (a) Signature of funeral director Schlesler Funeral Home

(b) Address Fairfax, Missouri

19. (a) Jan 8, 1942 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature N.C. Bauman (M. D. or other)
Address Fairfax, MO Date signed 1/8/42

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

44
00

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 Marvin H. Schaefer

Licensed Embalmer No. 4162

P. O. Address Fairfax, Missouri

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.