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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 13 1942

Registration District No. 488

Primary Registration District No. 3020

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mc Cune - Brooks
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Minutes
(Specify whether
In this community 6 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 412 E. Central
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Orville Gerald Jones

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 21 1929
(Month) (Day) (Year)

8. AGE: Years 12 Months 6 Days 13 If less than one day -- hr. -- min.

9. Birthplace Huron / South Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business None

12. Name Elmer Jones
13. Birthplace Minnesota
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Lee
15. Birthplace Coleman / S. Dakota
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elmer Jones
(b) Address 412 E. Central

17. (a) Burial (b) Date thereof 1-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery
(d) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison

19. (a) Jan 8, 1942 (b) E. J. M. Justice, M.D.
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1942 hour 4 minute 25 P. M.

21. I hereby certify that I attended the deceased from _____
that I last saw did not see him alive alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck
Due to Automobile accident
when he, riding bicycle,
Due to collided with a truck

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

Major findings: Of operations _____
1 1700-8
Of autopsy 25

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) accident
(b) Date of occurrence Jan 3, 1942
(c) Where did injury occur? Carthage 116 Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on city street
(Specify type of place)

While at work _____ (e) Means of injury Car
23. Signature E. J. M. Justice (M. D. or other)
Address Carthage Mo Date signed Jan 5, 42

1167 (Licensed Embalmer's Statement on Reverse Side)

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

Walter W. Jones

42-1-30

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 John S. Penney
Licensed Embalmer No. 4194
P. O. Address Carthage 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.