V. S. No. 2
OM—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2997

State File No.

FILED FEB 16 1942

Registration District No. 604 Primary Registration District No. 4358 Registrar's No. 10

72
4
0

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community All of Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 72
(c) City or town New Madrid 4
(If outside city or town limits write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Billie Ray Jones
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife [redacted]
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec (Month) 25 (Day) 1941 (Year)

8. AGE: Years [redacted] Months [redacted] Days 15 If less than one day hr. min.

9. Birthplace New Madrid (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Child.
11. Industry or business ✓
FATHER
12. Name Cleo Jones.
13. Birthplace Columbus (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Marie McCallin
15. Birthplace Columbus (City, town, or county) Ky (State or foreign country)
16. (a) Informant Cleo Jones,
(b) Address New Madrid, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 (Month) 7 (Day) 1942 (Year)
(c) Place: burial or cremation Columbus Ky
18. (a) Signature of funeral director No
(b) Address No
19. (a) Jan. 7, 1942 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1942 hour 11:30 minute a. M.
21. I hereby certify that I attended the deceased from ✓
✓, 19__, to ✓, 19__;
that I last saw h ✓ alive on ✓, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ✓ Premature Child 8 Months, Found dead in Bed.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

159

Major findings:
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? ✓ (Specify type of place)
While at work? (e) Means of injury
23. Signature Leo Hedgepeth Deputy Coroner (M. D. or other)
Address New Madrid Date signed 1-7-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 2-42-197
Date Filed 2-10-42

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 No

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.