No. 2
13-40
39
23159

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

Dr. L. E. Cooper

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3111

Registration District No. 656 Primary Registration District No. 5873 Registrar's No.

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Steele, "Rural" Cooter
(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 years, months or days)
In this community 11 Years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Pemiscot 0
(c) City or town Steele (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Zela Esther Jones
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Claude Jones
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased August (Month) 9 (Day) 1898 (Year)

8. AGE: Years 43 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Gurdon (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation House wife
11. Industry or business None
MOTHER FATHER
12. Name L. C. Kendrick
13. Birthplace Gurdon (City, town, or county) Arkansas (State or foreign country)
14. Maiden name Ladonia Nash
15. Birthplace Gurdon (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Claude Jones
(b) Address Steele, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 23 (Day) 41 (Year)
(c) Place: burial or cremation Mt. Zion Cem.
18. (a) Signature of funeral director German Und. Co.
(b) Address Steele, Missouri
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 1941 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from June, 1939, to 12-22-, 1941; that I last saw he alive on 12-21-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-Vascular Disease — Duration
Due to
Due to
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.

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 0
23. Signature R. E. Cooper (M. D. or other) M.D.
Address Cooter, Mo. Date signed 1-21-42

(Licensed Embalmer's Statement on Reverse Side)

2-42-18

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Steele, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
I—8-21-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Cooter
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME Zela E. Jones
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 9 1898 (Month) (Day) (Year)

8. AGE: Years 43 Months 4 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

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

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 2-2-41 (Date received local registrar) (b) C C Limbaugh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 2 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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.

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY