

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6122

State File No. _____

FILED FEB 27 1942

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr - 26 days
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charley Jones

3. (b) If veteran, name war OK

3. (c) Social Security No. OK

4. Sex Male 5. Color or race Black

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Deceased

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
44	7	8	hr. _____ min.

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

10. Usual occupation Farm Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Hilary Williams 9

13. Birthplace OK
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Harris 9

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

16. (a) Informant Records

(b) Address _____

17. (a) Burial (b) Date thereof Jan 9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Grounds

18. (a) Signature of funeral director O. B. Thomas

(b) Address 302 Market St. Fulton, Mo

19. (a) 1-9-42 (b) Jan 9 1942
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pennington

(c) City or town OK
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5
year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 4 1942 to Jan 5 1942
that I last saw him alive on Jan 5 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration _____

Due to Acute Myocarditis

Due to Lues

Other conditions 308
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Hypostatic Pneumonia

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 Jay Imperatrice (M. D. _____)
Address State Hospital # 1 Date signed 1-5-42

1141

(Licensed Embalmer's Statement on Reverse Side)

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.....

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, fact should be so stated above.