S. No. 2
M—1-4-41
v. 5-17-39
1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6809

Registration District No. FILED MAR 18 1942 399 392

Primary Registration District No. 5-5464231

Registrar's No. 14

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Pilot Knob Iron
(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
In this community three months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Pilot Knob 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John William Jones

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 17 (Day) 1868 (Year)

8. AGE: Years 73 | Months 3 | Days 7 | If less than one day ..... hr. ..... min.

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

10. Usual occupation barber

11. Industry or business

FATHER
12. Name John Jones
13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Belcher
15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Everette Jones /
(b) Address Pilot Knob Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-25-42 (Month) (Day) (Year)
(c) Place: burial or cremation Middlebrook Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Ancel White Ironton Mo.

19. (a) 2-25-42 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1942 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from November 10, 1941 to February 23, 1942, that I last saw him alive on February 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93e

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 0

23. Signature G. C. Anson (M. D. ~~or other~~)
Address Ironton, Mo Date signed 2/25/42

1283

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 342-37
Date Filed 3-11-42

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 Percival J. White

Licensed Embalmer No. 8012

P. O. Address Grinton Tex.

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.