

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED MAR 16 1942

Registration District No. 820 Primary Registration District No. 6069

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

1. PLACE OF DEATH:

(a) County Scott Missouri

(b) City or town East Prairie
(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 66 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Rural
(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 JAMES MONROE JONES

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1942 hour 11 minute 0 A. M.

21. I hereby certify that I attended the deceased from about 1
one year 1941 Jan 28 1942
that I last saw him alive on Jan 13 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan. 14th 1876
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

8. AGE: Years 66 Months 0 Days 14
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation Farming

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Joseph J. Jones

13. Birthplace un-known
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Galtion

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

16. (a) Informant Mrs. Jean Hockersmith

(b) Address East Prairie, Mo

17. (a) Burial (b) Date thereof Jan. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dogwood

18. (a) Signature of funeral director Dr. Ross Shelby

(b) Address East Prairie, Mo

19. (a) 3/6/42 (b) W. Lickman
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Geo. W. Whitaker (M. D. or other) _____

Address East Prairie Mo Date signed 3/3/42

APR 10 1942

RECEIVED

District Health Office No. 2,

District File Number 342/332

Date Filed 3/9/42

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

Travis Shelby

Licensed Embalmer No.

P. O. Address

*2726
East Prairie 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.