

U. S. No. 2
Form 9-4-41
Rev. 5-17-39
I X29484

14061

DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

8 1942
FILED MAY 1942

Registration District No. 194

Primary Registration District No. 8011

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: 611 Isley Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community 64 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

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

(d) Street No. 611 Isley Blvd.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME SARAH KATHRINE JONES

3. (b) If veteran, name war no 3. (c) Social Security No. 491-01-8412

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. Jones 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 7, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>7</u>	<u>17</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Jacob Veach

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

14. Maiden name Benobeth Crook

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

16. (a) Informant W. Jones

(b) Address Ex Clayton Springs Mo

17. (a) Burial (b) Date thereof April 23 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piquette

18. (a) Signature of funeral director Hubert Hope

(b) Address Ex Clayton Springs Mo

19. (a) 5-2-42 (b) Miss Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4-14-42 to 4-21, 1942 that I last saw h. alive on 4-21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure - Reoperation
Duration

Due to

Due to

Other conditions 93d
(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

23. Signature Bellevue Robinson (M. D. or other)

Address Clayton Springs Mo Date signed 4/21/42

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

24
1
1

50

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 5-7-42

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

Chas. Virgil Hoese

Licensed Embalmer No.

3950

P. O. Address

Excelsior Springs

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.