

Hendrickson
23949
State File No.
Registrar's No. 208

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED AUG 7 1942

Registration District No. 87

Primary Registration District No. 5-131

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Old Hi-way 60 East
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 35 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Old Hi-way 60 East
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Flora Jane Jones

3. (b) If veteran, name war..... 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Wm. L. Jones 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 23, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 4 11 hr. min.

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

10. Usual occupation House-wife

11. Industry or business

MOTHER FATHER { 12. Name James Conway
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unkn own
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. L. Jones

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof July 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Und. Co.

(b) Address Poplar Bluff, Mo.

19. (a) 7-7-42 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1942 5 hour 45 minute P. M.

21. I hereby certify that I attended the deceased from 1-10 1931 to 7-4 1942
that I last saw her alive on 6-20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
arteriosclerosis
Chronic interstitial nephritis
Due to.....

Due to.....
Other conditions 1310
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) no
(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 no
23. Signature J. H. Hendrickson (M. D. or other)
Address Poplar Bluff, Mo. Date signed.....

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

SEP 4 1942

RECEIVED

District Health Office No. 2,

District File Number 842-932

Date Filed 8-4-42

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.....

Chover W. Green

Licensed Embalmer No.

2964

P. O. Address.....

Poplar Bluff, 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.