. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

49
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27428

FILED SEP 10 1942

Registration District No. 48-8157 Primary Registration District No. 5-5-6-3 9 9 9 Registrar's No. 179

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town ~~Carthage~~ Rural-Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nora Jones

3. (b) If veteran, name war ✓

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

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 December 1, 1868
(Month) (Day) (Year)

8. AGE: Years 73 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Washington Co. (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Wm. E. Jones
13. Birthplace ------ (City, town, or county) Lousiana 1 (State or foreign country)

MOTHER
14. Maiden name Dont know
15. Birthplace ✓ (City, town, or county) Lousiana 1 (State or foreign country)

16. (a) Informant Birch Jones
(b) Address Co. Infirmary, Carthage, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Roland C. Engelage
(b) Address Sarcoxie, Missouri

19. (a) Aug. 20, 1942 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

1203

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1942 hour 1:00 minute P.M.

21. I hereby certify that I attended the deceased from 7-1-42 to 8-15, 1942 to , 19
that I last saw her alive on 8-11-42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	Unknown
Due to	
Due to	
Other conditions Osteomyelitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. T. McKeey (M. D. or other) M.D.
Address 804 Grant, Carthage Mo Date signed 8-20-42

(Licensed Embalmer's Statement on Reverse Side)

42-8-677

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 XXX~~ not embalmed.

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Engelage Funeral Home
Per Roland C. Engelage (F.D.)

~~Licensed Embalmer~~ No.....

P. O. Address Sarcoxie, 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.