

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 11 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33820

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 195

1. PLACE OF DEATH:

(a) County Henry Co  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Estella Lee Jones

(b) If veteran, name war

(c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, divorced  
6. (b) Name of husband or wife Char Morgan 6. (c) Age of husband or wife if alive 10 years  
7. Birth date of deceased Oct 10 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Anderson Ind (City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

12. Name John Baughman  
13. Birthplace Don't know (City, town, or county) (State or foreign country)  
14. Maiden name Susan Jones  
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs P M Jones  
(b) Address Clinton Mo

17. (a) Removal (b) Date thereof 10-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg Kans

18. (a) Signature of funeral director Consolidated & Beck  
(b) Address Clinton Mo

19. (a) Oct 23 1942 (b) Georgia Kitchener  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 504 East Ohio st  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1942 hour 6:05 minute A.M.

21. I hereby certify that I attended the deceased from Aug 28  
1942 to Oct 22 1942  
that I last saw him alive on Oct 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration

Due to Carcinoma of Liver

Due to

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

Major findings: Of operations 468

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) (c) Means of injury 3

23. Signature Geo S Wright M.D. (a) D. or other)  
Address Clinton Mo Date signed Oct 22

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

RECEIVED

District Health Officer No. 7,

District File Number 11-42-1177

Date Filed 11-6-42

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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

*J. E. Consoles*

Licensed Embalmer No.

1891

P. O. Address

Clinton

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.