

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40416**

FILED DEC 17 1942

Registration District No. **54**

Primary Registration District No. **5188**

Registrar's No.

6000

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rolling Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Whitewater, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 74 yrs - 1 mo. 11 days.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Whitewater Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary R. Jones

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) ~~Single~~, widowed, married, divorced, married
6. (b) Name of husband or wife Joseph Jones 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 12, 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
12. Name Dallas Snider
13. Birthplace Rollin Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Marlene Ramo
15. Birthplace Rollin Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Jones
(b) Address Whitewater, Mo.

17. (a) Burial (b) Date thereof 11-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Chapel Cent

18. (a) Signature of funeral director W. H. Jernan
(b) Address Cape Girardeau, Mo.

19. (a) 12-11-42 (b) A. H. Muehe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23rd
year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 2 '42
1942, to Nov 23, 1942
that I last saw her alive on Nov 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio nephritis
Duration 1 yr

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/3/a
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 _____
23. Signature W. W. Davant (M. D. or other) _____
Address Nov 26 '42 Date signed _____

1138 (Licensed Embalmer's Statement on Reverse Side) Allenville Mo

RECEIVED

District Health Officer No. 4

District File Number 1242-1499

Date Filed 12-16-42

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 Howard P. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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.