

41954

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 1 1943

784

Registration District No.

Primary Registration District No. 200

Registrar's No. 2625

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
None Crescent Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 10 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Twin Oaks
(If outside city or town limits, write "RURAL")

(d) Street No. Crescent Drive
(If rural, give location)

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

3. (a) PRINT FULL NAME Rollie M. Jones

3. (b) If veteran, name war None

3. (c) Social Security No. 498-22-0541

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1942 hour 4 minute P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cecil Mary Jones

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 12 - 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-12-1940
to 12-13-1942
that I last saw him alive on 12-13-1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>8</u>	<u>1</u>hr.min.

Immediate cause of death acute cardiac dilatation
myocarditis chronic
hypertension

Due to myocarditis chronic repro.

Due to hypertension repro.

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace Huntington, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Major findings:
Of operations 93d

Of autopsy None

PHYSICIAN None
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business None

12. Name Jesse E. Jones

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

14. Maiden name Gilda Tillman

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place) (e) Means of injury None

23. Signature D. P. Hesliel (M. D. or other) MD
Address Wentwood, Mo Date signed 12-14-42

16. (a) Informant Carl E. Jones

(b) Address 23210, Farwell, Chicago Ill.

17. (a) Burial (b) Date thereof Dec. 15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Schrader Fun. Home
(Address) Baltimore, Mo.

19. (a) DEC 14 1942 (b) C. L. McFarland
(Date received local registrar) (Registrar's signature)

meb

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 *Ihea Schrader*.....

Licensed Embalmer No. *3066*.....

P. O. Address *Dallwin, 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.

EMBI 1011