S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1943

Registration District No. 251

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2978

Primary Registration District No. 3048

Registrar's No. 200

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1. PLACE OF DEATH:
(a) County: Nodaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Burlington Junction
(If outside city or town limits, write "RURAL")
Rural Green Town.
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

74
0
0

3. (a) PRINT FULL NAME: George Mason Jones
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: yes
6. (b) Name of husband or wife: Viola Ruth Jones
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 27 (Day) 1865 (Year)

8. AGE: Years 77 Months 9 Days 14 If less than one day hr. min.

9. Birthplace: Ross Co. Ohio (City, town, or county) 1 (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER 12. Name: Fletcher Jones
FATHER 13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country) 1
MOTHER 14. Maiden name: Mary Ann Ring
MOTHER 15. Birthplace: unknown (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant: Mrs. Viola Jones
(b) Address: Burlington Junction Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Jan. 13 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Ohio Cem. Burlington Junction Mo.
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo.
19. (a) 1-13-43 (Date received local registrar) (b) Mary Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11 year 1943 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec 1 1942 to Jan 11 1943 that I last saw him alive on Jan 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia (Duration: 10 days)
Contributed to: Chronic Prostatitis (Duration: 2 yrs)
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
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: B. F. Bylund (M. D. or other) M.D.
Address: Maryville Mo. Date signed 1/13/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.