9541

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 38 — Primary Registration District No. 3006-5-120 — Registrar's No. 69

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital 1 28 Indiana Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 67 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10 9
(c) City or town Columbia 4 (If outside city or town limits, write "RURAL")
(d) Street No. 28 Indiana Ave (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM JONES
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race 2 Negro
6. (a) Single, widowed, married, divorced 1 Married
6. (b) Name of husband or wife Florence Jones
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10-15-1875 (Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Boone Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name Unknown
13. Birthplace — (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace — (City, town, or county) 9 (State or foreign country)
16. (a) Informant Florence Jones
(b) Address Columbia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 3-22-1943 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th year 1943 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
3rd Degree Burns
Due to
Due to Clothes catching afire
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

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) Accident
(b) Date of occurrence 118
(c) Where did injury occur? at home (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 Marvin McGowan Coroner (M.D. or other)
Address Columbia Mo. Date signed 3/22/43

1230 (Licensed Embalmer's Statement on Reverse Side) — 8688 —

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 Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.

V. S. No. 2B
10M—8-21-41
I X29288

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. 9541

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 69

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 67 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. Indiana Avenue
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Wm Jones

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

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct (Month) 15 (Day) 18 (Year)

8. AGE: Years 67 Months 5 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death 3 1 Degree Burns

Due to .....

Due to Clothes caught fire while Burning off garden.

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

Major findings:
Of operations .....
Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

181-1
15

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence March 17th - 1943
(c) Where did injury occur? Columbia (City or town) Boone (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? While Burning off garden (Specify type of place)
While at work? yes (e) Means of injury Burns

23. Signature Morin McAdams (M. D. or other) coroner
Address Columbia Mo Date signed 4/24/43

— 8688 —