S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1-9631

State File No.

FILED APR 14 1943

Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 355

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution: St. Joseph's Hospital, 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days, (Specify whether

In this community 54 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan 11 1 2

(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")

(d) Street No. 3316 Mitchell Avenue, (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Etta Vesta Jones,

3. (b) If veteran, name war None,

3. (c) Social Security No 488-14-9067

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife Joseph B. Jones,

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

7. Birth date of deceased December 19, 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days ~~10~~ 9 If less than one day hr. min.

9. Birthplace Whitley County, Indiana, 1 (City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Samuel W. Wolfe,
13. Birthplace Marion County, Ohio, 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah Holm,
15. Birthplace Whitley County, Indiana 1 (City, town, or county) (State or foreign country)

16. (a) Informant Ogretta Jones

(b) Address 3316 Mitchell Avenue, St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Mora Cemetery, Heaton - Bergale & Bowman Funeral

18. (a) Signature of funeral director

(b) Address 319 So. 10th Street, Home

19. (a) 3-30-43 (Date received local registrar) (b) Rose Hegog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th. year 1943 hour 1:00 minute 30p M.

21. I hereby certify that I attended the deceased from Jany 20 1943 to Mar 28 1943; that I last saw her alive on Mar 27 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart disease chronic hypertensive

Duration unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

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)

(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 0

23. Signature John C. Byrne (M. D. ~~or other~~)

Address St Joseph Mo Date signed 3-29 43

1233 (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~~ ..... 3/28/43 ....., Registered Apprentice No. ✓ ....., working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.