. S. No. 2
M—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. 10051

FILED APR 5 1943

Registration District No. 1948 Primary Registration District No. 3017 Registrar's No. 27

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

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FOURTH & HIGH STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County COOPER 27
(c) City or town BOONVILLE 1
(If outside city or town limits, write "RURAL")
(d) Street No. FOURTH & HIGH STREETS 3
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES JONES
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife TILLIE JONES
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased JANUARY (Month) 1 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	2	5	hr. min.

9. Birthplace PRAIRIE HOME (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation COMMON LABORER
11. Industry or business LABORER
FATHER
12. Name GEORGE JONES
13. Birthplace (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant MRS TILLIE JONES
(b) Address BOONVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/6/43 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE
19. (a) Mar-8-43- (Date received local registrar) (b) Dr Chas Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6th year 1943 hour minute M.
21. I hereby certify that I attended the deceased from , to , 19 ; that I last saw h alive on Never seen alive 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobular Pneumonia	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

108

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 L. J. Munter Coroner (M. D. or other)
Address Boonville, Mo Date signed 3/6/43

1083

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number_____
Date Filed 4-2-43

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.