

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REGISTERED MAR 1 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 501

Registration District No. 201 Primary Registration District No. 5731

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

61
00

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Echel (Rural) White Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 miles N.W. of Echel, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON

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

(d) Street No. ETHEL (WHITE TWP.)
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EDWARD G. JONES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day MARCH
year 1943 hour 10 minute 45 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hannah F. Parker

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

7. Birth date of deceased November 22 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from NOV. 1942 to MAR. 13, 1943; that I last saw h. l. m. alive on MARCH 12, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL FAILURE
CEREBRAL HEMORRHAGE Duration 7 MAN.

8. AGE: Years 82 Months 3 Days 21 If less than one day _____ hr. _____ min.

Due to CHRONIC GLOMERULAR NEPHRITIS.

9. Birthplace Palmyra Ohio
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farmer

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

11. Industry or business _____

MOTHER FATHER { 12. Name Evan J. Jones

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

14. Maiden name Olivia J. Woodward

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Estia Cox

(b) Address Echel, Mo.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof _____
(Month) (Day) (Year)

(c) Place: burial or cremation New Cambria Cemetery

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director J. E. Dilleland, M.D.

(b) Address New Cambria, Mo.

19. (a) Mar 15 (Date received local registrar)

(b) Oliver Edwards (Registrar's signature)

23. Signature R. J. Maddox (M. D. or other) DD

Address New Cambria, Mo. Date signed 3/13/43

APR 1 1943

RECEIVED

District Health Officer No. 10

District File Number 3-43-597

Date Filed March 16, 1943

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.....

H. J. Gilleland....., Registered Apprentice No. _____
working under my personal supervision.

Signed H. J. Gilleland.....

Licensed Embalmer No. 4019.....

P. O. Address New Cambria, 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.