

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

11803

FILED APR 14 1943

Registration District No. 374

Primary Registration District No. 6273 4547

Registrar's No.

1. PLACE OF DEATH:

(a) County Wentz  
(b) City or town Grant City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 40 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME CLYDE JONES

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased MO 1-1-1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 6 24 hr. min.

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

10. Usual occupation Day Laborer

11. Industry or business

12. Name Arthur Jones  
13. Birthplace Deebley, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Edna Jones  
15. Birthplace Deebley, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Stabe  
(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 2-27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albany, Cemetery

18. (a) Signature of funeral director John C. Stumpe  
(b) Address Grant City, Mo.

19. (a) Mar 3-1943 (b) Delene Scadden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Wentz  
(c) City or town Grant City, MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25  
year 1943 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct. 1 to Feb. 25, 1943  
that I last saw him alive on Feb. 24, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Schistosomiasis Duration 5 yrs.

Due to r

Due to r

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

Major findings: r  
Of operations

Of autopsy r

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) r  
(b) Date of occurrence r  
(c) Where did injury occur? r  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? r (Specify type of place) (e) Means of injury r

23. Signature Stabe (M. D. or other) 0  
Address Grant City, Mo Date signed 2-23-43

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**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

*Arch C. Dumble*

Licensed Embalmer No.

*3252*

P. O. Address

*Grant City, 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, above space should be left blank.**