S. No. 2
M—5-42
5-17-39
I X32833

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17343

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 131

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 71 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 14 Hubbell Drive 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNA LAMPTON JONES

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lewis Franklin Jones

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

7. Birth date of deceased 6 - 7 - 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	18	____ hr. ____ min.

9. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Thomas Henry Stone
13. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Mary Lampton
15. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Artelia Jones
(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Horab Cemetery

18. (a) Signature of funeral director Parkers L Sense
(b) Address Columbia, Mo.

19. (a) 5-26-'43 (Date received local registrar) (b) Edna H Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from May 18, 1943, to May 25, 1943
that I last saw her alive on May 25, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94a

Major findings:
Of operations
Of autopsy

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 E. D. Barkett (M. D. or other) M.D.
Address Columbia Date signed 5/26/43

1250

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. D. Whitsitt

Licensed Embalmer No. 3893

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.