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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18606

FILED JUN 10 1943

Registration District No. 3050 Primary Registration District No. 3050 Registrar's No. 37

78
1
2

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community All Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Caruthersville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 500 E. 7th Street 2
(If rural, give location)

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

If yes, name country Citizen of U.S.A. 0

3. (a) PRINT FULL NAME Roy Glenn Jones

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased May (Month) 31, (Day) 1943 (Year)

8. AGE: Years | Months | Days | If less than one day 4 hr. 30 min.

9. Birthplace Caruthersville, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

FATHER
12. Name Henry L. Jones
13. Birthplace Dyersburg, (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Mildred E. Roberts
15. Birthplace Russleville, (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Henry L. Jones
(b) Address 500 E. 7th St. Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director J. L. La Forge
(b) Address Caruthersville, Mo.

19. (a) 6-1-1943 (Date received local registrar) (b) Jessie W. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1943 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from May 31 - 1943, to June 1 - 1943
that I last saw him alive on May 31 - 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth - (8 months)

Due to No other cause determined.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

159

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 J. R. Pinion (M. D. ~~or other~~)

Address Caruthersville, Mo. Date signed 6-1-43

(Licensed Embalmer's Statement on Reverse Side)

5-43-216

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed ~~by me, or by~~.....

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

working under my personal supervision.

Signed J. L. LaForge

Licensed Embalmer No. 3082

P. O. Address Caribou, Me.

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.