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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24911

Registration District No. 720 Primary Registration District No. 5447 Registrar's No. 70

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Rural T-Howard Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 60 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 38
(a) State Missouri (b) County Gentry 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOSEPH HENDERSON JONES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

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 Mar (Month) 3 (Day) 1869 (Year)

8. AGE: Years 74 Months 3 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name J. H. Jones
13. Birthplace Prairie Co (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Eveline Montgomery
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant J. L. Jones
(b) Address R-3 Albany Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Miller Cemetery

18. (a) Signature of funeral director Franz Bros
(b) Address Denver Mo

19. (a) July 27-1943 (Date received local registrar) (b) Homer N. Nelson (Registrar's signature)
By Inez Nelson (License No. Registrar's Department on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1943 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from March 1, 1943, to, 19..; that I last saw him alive on May 10, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Ca. Stomach — Duration months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature Frank H. Rose (M. D. or other) M. D.
Address Albany, Mo. Date signed 7-3-43

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 J P Brown

Licensed Embalmer No. 2947

P. O. Address Denver, Ill.

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.