

S. No. 2  
M-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28726

State File No. \_\_\_\_\_

FILED SEP 10 1948

Registration District No. 198

Primary Registration District No. 4310

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Bever  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community ✓ years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME James Edward Eugene Jones

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day August  
year 1943 hour 1 minute 9 P.M.

4. Sex Male 5. Color or race White 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 12-10-1942  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 26, 1943 to Aug. 27, 1943 that I last saw him alive on Aug. 27, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

0	8	18	- hr. - min.
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Immediate cause of death Ulceration of intestines  
Dysentery, Enteritis (Under 2 years of age)  
7 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Other conditions (include pregnancy within 3 months of death) 11901

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Mr. Jones

13. Birthplace Collinsville Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Orak Myers

15. Birthplace Bever Mo  
(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 Mr. Jones

(b) Address Macon Mo

17. (a) Burial (b) Date thereof 8-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Oakwood cemetery

18. (a) Signature of funeral director H. J. Edwards

(b) Address Bever Mo

19. (a) 8-31-43 (b) Winnie S. Rowland  
(Date received lock) registrar (Registrar's signature)

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 1

23. Signature Dr. E. H. Wedelich (Name or office)  
Address Bever Mo Date signed 8/28/43

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

MOTHER FATHER

1289

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**

**District Health Officer No: 10**

**District File No:** 9-43-1482

**Date Filed** SEP 9 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Bowie, Md*

**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.**