

S. No. 2
M-2-43
7-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31955**
Registrar's No. _____

FILED SEP 28 1943
Registration District No. **70**

Primary Registration District No. **5636**

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Ola Rural Washington
(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 1
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Ola (Rural) **153**
(If outside city or town limits, write "RURAL")

(d) Street No. 2117
(If rural, give location)

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

3. (a) PRINT FULL NAME JULIA ANN JONES

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Grant Jones

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

7. Birth date of deceased March 3 1871
(Month) (Day) (Year)

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

72 5 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Ruben Adams

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

14. Maiden name Elizabeth Jerden

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Esther Humphrey

(b) Address Ola Mo.

17. (a) Burial (b) Date thereof Sept. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M. Bride

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) Sept-24-43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1943 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Aug 25 1943 to Sat 1 1943
that I last saw her alive on Sept 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to _____

Due to _____ **9502**

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

Major findings: J. H. Hough

Of operations _____

Of autopsy _____

Duration _____

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)

(c) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

1090

Received

Laclede County Health Unit

File No. 9-43-130

Date Filed 9/27/43

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.