S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37655

FILED DEC 11 1943

Registration District No. 1943 Primary Registration District No. 3003 Registrar's No. 79

1. PLACE OF DEATH

(a) County Berry

(b) City or town Monett (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) 1

(d) Length of stay: In hospital or institution (Specify whether in this community years, months or days) 8 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian 22

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Near Clever Mo (If rural, give location)

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

If yes, name country ✓ 1

3. (a) PRINT FULL NAME John H Jones

3. (b) If veteran, name war no

3. (c) Social Security No. non

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July (Month) 28 (Day) 1869 (Year)

8. AGE: 74 Years | Months 4 | Days 7 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Farmer

11. Industry or business non

FATHER
12. Name Bill Jones
13. Birthplace (City, town, or county) Unknown 0 (State or foreign country)

MOTHER
14. Maiden name Nancy Koker
15. Birthplace (City, town, or county) Unknown 0 (State or foreign country)

16. (a) Informant Efton Jones 1

(b) Address Monett

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6 (Month) (Day) (Year)

(c) Place: burial or cremation McConnal

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever Mo

19. (a) Dec 5 1943 (Date received local registrar) (b) Audna Willoughby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 2 43, 19__, to Dec 4, 1943 that I last saw h IN alive on Dec 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Auricular fibrillation + Myocardial degeneration — Duration ?

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93d

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 0

23. Signature Frank Rex MD (M. D. or other)

Address Monett Mo Date signed 12/5/43

13 [illegible]

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 61
District File Number 1243-1371
Date Filed DEC 8 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.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.