

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38314**
Registrar's No. **219**

Registration District No. **137** Primary Registration District No. **5510**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Deepwater**
(c) Name of hospital or institution: **no Fairview Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **at home**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Geo. W. Jones

3. (b) If veteran, name war.

3. (c) Social Security No. **NONE**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife
7. Birth date of deceased **Aug 30 1883**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 3 10 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business

12. Name **William Jones**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **FANNY MOOD**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Hills**
(b) Address **Deepwater MO**
17. (a) **Burial** (b) Date thereof **11-26-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Clearwater, MO**

18. (a) Signature of funeral director **Tom Hunt**
(b) Address **Deepwater, MO**
19. (a) **November 24, 1943** (b) **Georgia Kitchen**
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Henry**
(c) City or town **Deepwater MO RR. D.**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11-20** day **1943**
year hour **9 PM** minute
21. I hereby certify that I attended the deceased from **11/17/43** to **20. 9/20/43**
that I last saw him alive on **11/20** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction with 1st degree AV block**
Due to **arteriosclerotic changes**
Due to **hypertension**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **9/21**
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 **J. J. Bussell** (M. D. or other)
Address **Deepwater, MO** Date signed **11/24/43**

RECEIVED

Licensed Embalmer: Officer No. 7,

District File Number: 11-43-1343

Date Filed: 12-9-43

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 Pam Hunt.....

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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.