S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1943

Registration District No. 770

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

"Harrell."

State File No. 38536

Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE

(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WALLACE Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community ALWAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LACLEDE

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

(d) Street No. Route 3
(If rural, give location)

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

3. (a) PRINT FULL NAME JACK DAVID 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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 23 (Day) 1941 (Year)

8. AGE: Years 1 | Months 10 | Days 11 | If less than one day ..... hr. ..... min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name RAY JONES
13. Birthplace CAMDEN Co (City, town, or county) Mo U (State or foreign country)

MOTHER
14. Maiden name ETHEL ATCHER
15. Birthplace CAMDEN Co (City, town, or county) Mo U (State or foreign country)

16. (a) Informant Ray Jones
(b) Address R#3 Lebanon Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Cemetery

18. (a) Signature of funeral director Palmer's
(b) Address Lebanon, Mo

19. (a) Dec. 1-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

1090

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3 year 1943 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from 11-2-, 1943, to 11-3-, 1943, that I last saw him alive on 11-3-, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Asthma	2 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 112	

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

23. Signature R. E. Harrell (M. D. or other) MD
Address Lebanon Mo Date signed 11-5-43

(Licensed Embalmer's Statement on Reverse Side)

Received .....
Laclede County Health Unit
File No. 11-43-169
Date Filed 12-8-43

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 Allyn Dethrage

Licensed Embalmer No. 4333

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.