No. 2
1—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Phipps Mortuary

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1944

Registration District No. 270

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43245

Primary Registration District No. 3050

Registrar's No. 95

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 67 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. Nelson Flats
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Aubra Authur Jones

3. (b) If veteran, name war None

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 Bet Jones

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

7. Birth date of deceased July (Month) 1, (Day) 1873 (Year)

8. AGE: Years 70 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Levenworth, (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired Laborer

11. Industry or business same as above

MOTHER FATHER
12. Name Nicholas Jones
13. Birthplace (City, town, or county) Indiana (State or foreign country)
14. Maiden name Christina Landrum
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant J. D. Jones
(b) Address Caruthersville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director L. L. LaForge
(b) Address Caruthersville, Mo.

19. (a) 12-13-43 (Date received local registrar) (b) Jessie M. Marley (Registrar's signature)

1206 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11, year 1943 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec. 10, 1943, to Dec 11, 1943, that I last saw him alive on Dec. 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis — Duration
Due to undetermined
Due to
Other conditions (Include pregnancy within 3 months of death) GHA
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 J. D. Phipps (M. D. or other)
Address Caruthersville Date signed 12/23/43

12-43-349

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 Not Embalmed, Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.