

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2125
Registrar's No. 24

FILED JAN 27 1944

Registration District No. 4 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 week
In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Clayton St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gilbert Lee Jones
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 31, 1943
year _____ hour 2:20 minute P. M.
21. I hereby certify that I attended the deceased from Dec. 9
1943, to Dec. 31, 1943,
that I last saw him alive on Dec. 31, 1943,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marrion (c) Age of husband or wife if alive 29 years
7. Birth date of deceased August 12, 1912
(Month) (Day) (Year)

Immediate cause of death Double Lobar Pneumonia Duration 24hrs.
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
31 4 19 _____ hr. _____ min.

Other conditions Chronic Mitral Insufficiency and Ch. Secondary anaemia
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Butcher
11. Industry or business Swift & Co.
12. Name Jasha Jones
13. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Jane Smith (City, town, or county) (State or foreign country)
15. Birthplace St. Joseph, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Marrion Jones (Wife)
(b) Address 108 Clayton St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/44 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
18. (a) Signature of funeral director Lincoln Mortuary
(b) Address 812 Pacific St.
19. (a) 1-1-44 (Date received local registrar) (b) W. J. Kergoy (Registrar's signature)

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 _____? (Specify type of place) Means of injury _____
23. Signature Fenton H. Woodman (M. D. or other) _____
Address 109 1/2 West Mo. Ave. Date signed 1-4-44

MAN 26-1949

OCT 22 1958

MAR 14 1958

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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

John E. Rupp

Licensed Embalmer No. *2986*

P. O. Address *St. Joseph, 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.