

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 3 1944

Registration District No. 201

Primary Registration District No. 573-14312

Registrar's No. 531

1. PLACE OF DEATH:

(a) County MAEON
(b) City or town Ethel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 68 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon
(c) City or town Ethel
(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 —

3. (a) PRINT FULL NAME MARGARET JONES

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F.M. 5. Color or race white 6. (a) Single, widowed, married Divorced, widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased June 18, 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Oak Hill, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

12. Name William Williams

13. Birthplace Waverly, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Winifred Edwards

15. Birthplace Oak Hill, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Edria Fontaine

(b) Address Ethel, Mo.

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director John Edward Jones

(b) Address Ethel, Mo.

19. (a) Jan 15-44 (b) John E. Edwards
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15
year 1944 hour 5 minute P M.

21. I hereby certify that I attended the deceased from died un-attended, 19...
that I last saw him alive on Jan 5 and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

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) (e) Means of injury 50

23. Signature John E. Edwards (M.D. or other)
Address Ethel, Mo. Date signed 1-15-44

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-240

Date Filed FEB 2 1944

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.....

C. A. Larson

Licensed Embalmer No.....

4037

P. O. Address.....

Cucklin 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.