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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8284

State File No. 0

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 391

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution: OLD FOLKS 4 NURSERY (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yr's 8 Mo's (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS 96

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

(d) Street No. Hugo & McHenry (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George Jones

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife UNKNOWN

6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased 6 (Month) 13 (Day) 1874 (Year)

8. AGE: Years 69 ~~74~~ Months 8 Days — If less than one day — hr. — min.

9. Birthplace MANCHESTER (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation NONE

11. Industry or business None

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant MRS R. SELDERS

(b) Address Hugo & McHenry So. Kinloch

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 15 44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros Funeral

(b) Address LIX & STANZA So. Kinloch

19. (a) FEB 15 1944 (Date received local registrar) (b) E. G. McDavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1944 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from Feb 1 1944 to Feb 13 1944; that I last saw him alive on Feb 13 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	6 mo
Due to	
Due to Rheumatism	
Other conditions Chronic interstitial nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 1/3 la

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 1

23. Signature J. R. Rainey (M. D. or other) MD

Address S. Kinloch Park Mo Date signed 2/17/44

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1944

MAY 17 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 Not Embalmed —, Registered Apprentice No. ....., working under my personal supervision.

Signed. Louis V. Atkins

Licensed Embalmer No. .....

P. O. Address 3644 Finney

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.