S. No. 2
0M—2-43
5-17-39
I X35697

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12093

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 674

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Elmwood - RR - 2 Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Elmwood - R.R. 2 Clayton Meeks & Wachart
(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 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Elmwood - R.R. 2 Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. Meeks & Wachart
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Jennie Jones
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown ✓ Deceased
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased Apr. (Month) Unk. (Day) 1860 (Year)
8. AGE: Years 83 Months Unk. Days Unk. If less than one day ..... hr. ..... min.
9. Birthplace Franklin Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation Domestic
11. Industry or business ✓
MOTHER 12. Name Unknown
FATHER 13. Birthplace " " (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown
FATHER 15. Birthplace " " (City, town, or county) Unkown (State or foreign country)
16. (a) Informant Reuben Jones
(b) Address Meeks & Wachart Elmwood
17. (a) Robertsville (Burial, cremation, or removal) (b) Date thereof 3-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Robertsville, Mo
18. (a) Signature of funeral director J. C. Lewis
(b) Address 2 W Ola Ave Hel. Grove
19. (a) MAR 20 1944 (Date received local registrar) (b) E. D. Mc Gavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1944 hour 6:00 minute A. M.
21. I hereby certify that I attended the deceased from Jan 1, 1942, to Mar 1 44, that I last saw her alive on Mar 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	5 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	5 yr

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 C E Barnett (M. D. or other)
Address 245 W Jefferson Kirkwood Mo Date signed 3-1-44

(Licensed Embalmer's Statement on Reverse Side)

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 J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

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.