

S. No. 2
M-5-43
v. 5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22349**
Registrar's No. **1491**

FILED JUL 7 1944
Registration District No. **302**

Primary Registration District No. **6041**

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town rural Thomas
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2 1/2 miles north of Naylor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 1/2 Miles North of Naylor
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Einora Jones

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife John L. Jones 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 23, 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 4 year 1944 hour 1 minute 30 AM.

21. I hereby certify that I attended the deceased from never to _____ 19____;

that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

8. **AGE:** Years 57 Months 1 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Elsinore Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

Immediate cause of death anginal pectoris

Due to Diagnosis made by history and observation after death

Other conditions (2)

(Include pregnancy within 3 months of death)

MOTHER, FATHER

11. Industry or business _____

12. Name Harden H. Haggard

13. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)

14. Maiden name Elvira Kays Harbston

15. Birthplace Iron co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Loyd Jones

(b) Address Naylor, Mo.

Major findings: Of operations _____

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof Jun 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lisa

18. (a) Signature of funeral director Minnie Gash

(b) Address Naylor Mo

19. (a) July 1, 1944 (b) Bertha White
(Date received local registrar) (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 work? _____ (Specify type of place) (Means of injury) _____

23. Signature Stewart (M. D. or other) _____

Address Naylor Mo Date signed 5/2/44

RECEIVED

District Health Officer No. 5,
District File Number 744340
Date Filed 7-6-44

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 *Signer McCord*
Licensed Embalmer No. 40791
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.