

S. No. 2
OM-8-43
ev. 5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25371

State File No. _____

FILED AUG 19 1944
Registration District No. 2189

Primary Registration District No. 4397

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Cooter 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Rural (If rural, give location)

(e) Citizen of foreign country? N.O. (Yes or No)
If yes, name country Citizen of U.S.A. 0

3. (a) PRINT FULL NAME Martha Grace Jones

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 30, year 1944 hour 4 minute 30 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J. R. Jones 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased September 7, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 20, 1938 to May 30, 1944; that I last saw her alive on May 29, 1944; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

65 8 23 hr. _____ min.

Immediate cause of death Chronic Cardio-Vascular and renal disease.

Due to _____

Due to _____

9. Birthplace Casa, Arkansas
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 12/2

10. Usual occupation Housewife

Major findings: 12/2

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business None

12. Name Will Tucker

13. Birthplace Casa, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Hamilton

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Abner Ashcraft

(b) Address Cooter, Missouri

17. (a) Burial (b) Date thereof 6-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steele, Missouri

18. (a) Signature of funeral director J. L. Furge

(b) Address Caruthersville, Missouri

19. (a) 7-19-44 (b) C. C. Limbaugh
(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)

(e) Means of injury _____

23. Signature P. E. Cooper (M. D. or other) M.D.

Address Cooter Date signed 7-10-44

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

8000

1207

(Licensed Embalmer's Statement on Reverse Side)

7-44-154

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

Joseph Kelley

Licensed Embalmer No. *3788*

P.O. Address *Hayth. Md*

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.