

V. S. No. 2  
FORM-2-43  
5-17-39  
X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 4 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25416

State File No. \_\_\_\_\_

Registration District No. 274

Primary Registration District No. 3252

Registrar's No. 248

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:  
407 East Howard  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \*\*\*  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 407 East Howard  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Walter Jones

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife \*\*\*

6. (c) Age of husband or wife if alive \*\*\* years

7. Birth date of deceased October 7, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>18</u>	hr. _____ min.

9. Birthplace Woodson Co. IAS  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

MOTHER FATHER

12. Name John Jones

13. Birthplace Mercer Co. PENN  
(City, town, or county) (State or foreign country)

14. Maiden name MARIE ARNOLD

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

16. (a) Informant Mrs. Anna Younger (sister)

(b) Address 407 East Howard, Sedalia, MO

17. (a) Buried (b) Date thereof 7 27 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Anna Berger

(b) Address Sedalia, Missouri

19. (a) 7/27/44 (b) Anna Berger  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1944 hour 2:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 25  
1944, to July 25 1944  
that I last saw him alive on July 25 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Arterio Sclerosis

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 \_\_\_\_\_

23. Signature J. O. Security (M. D. certifying)

Address Sedalia Date signed July 27 44

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

80  
66  
4

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 8  
District File Number 9-4-47  
DATE FILED

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 Dwaine Ewing  
Licensed Embalmer No. 3847  
P. O. Address Sidalia, 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.