

S. No. 2
M-5-42
7. 5-17-39
X3285

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27625

State File No.

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Dent

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

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

(d) Length of stay: In hospital or institution X (Specify whether years, months or days)

In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dent

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

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

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

3. (a) PRINT FULL NAME Elizabeth A. Jones

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18 year 1944 hour _____ minute 11 P. M.

21. I hereby certify that I attended the deceased from Aug 16, 1944, to Aug 20, 1944
that I last saw him alive on Aug 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis Duration _____

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife William J. Jones

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Dec 28, 1974
(Month) (Day) (Year)

Due to Pneumonia

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 97

Of operations _____

Of autopsy _____

8. AGE: Years 69 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business X

MOTHER FATHER { 12. Name John Knapp

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

14. Maiden name Emma Knapp

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

16. (a) Informant W. J. Jones

(b) Address Salem Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/20/44
(Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Paul H. Jones

(b) Address Salem Mo.

19. (a) 8-21-44 (Date received local registrar)

(b) Joe W. Mc. Hardy (Registrar's signature)

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 Joe W. Mc. Hardy (M. D. or other)

Address Salem MO Date signed 8-21-44

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number

944458

Date Filed

9-3-44

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

Carl H. Jensen

Licensed Embalmer No.

320

P. O. Address

Salem Ma

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.