

FILED SEP 25 1944

Registration District No. 2711

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 31468

Registrar's No. 389

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: City Hospital # 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks
 (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 417 N. Wash
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CELESTEA JONES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

3 Female 5. Color or race Negs 6. (a) Single, widowed, married, divorced Married
 4. Sex Female 6. (c) Age of husband or wife if alive 58 years
 (b) Name of husband or wife Eugene Jones
 7. Birth date of deceased 9 27 1888
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month sep day 1
 year 44 hour 9 minute 37 M.
 21. I hereby certify that I attended the deceased from Sept - 44
 _____, 19____, to sep 1, 1944
 that I last saw him alive on sep 1, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute sub-arachnoid hemorrhage of brain Duration 1 wk

8. AGE: Years 56 Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Sedalia Pettis Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

12. Name August Jackman

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

14. Maiden name Eugene Jones

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

16. (a) Informant Eugene Jones

(b) Address 417 N. Washington

17. (a) Burial (b) Date thereof 9-28-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cemetery

18. (a) Signature of funeral director J. D. Ferguson

(b) Address 117 E. Jefferson Sedalia Mo

19. (a) _____ (b) Paulma Singer
 (Date received local registrar) (Registrar's signature)

Due to General Nervous Breakdown with di-
lusions of insanity 1 yr

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

Major findings: _____

Of operations _____

Of autopsy _____

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 M. M. Williams (M. D. or other)

Address 105 1/2 W Main Sedalia Date signed 9/2/44

PHYSICIAN
 Underline the cause to which death should be charged statistically.

808

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

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SEP 25 1944

RECEIVED

District

Case No. 8

District

9-21-44

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

F. W. Ferguson

Licensed Embalmer No.

2192

P. O. Address

Sedalia

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.