

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37217**

FILED NOV 28 1944

Registration District No. **72** Primary Registration District No. **1000** Registrar's No. **1167**

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

1. PLACE OF DEATH:  
 (a) County **Buchanan**  
 (b) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**509 Mitchell Ave**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **none**  
(Specify whether)  
 In this community **10 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL.")  
 (d) Street No. **509 Mitchell Ave**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Louis Oscar Jones**  
 (b) If veteran, name war **no**  
 (c) Social Security No. **?**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **November** day **11**  
 year **1944** hour **11** minute \_\_\_\_\_ A. M.

4. Sex **Male** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced, **widower**  
 (b) Name of husband or wife \_\_\_\_\_  
 (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from **9-11-44** to **11-11-44**  
 that I last saw him alive on **11-11-44**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

7. Birth date of deceased **September 10, 1877**  
(Month) (Day) (Year)

*Acute Myocardial Insufficiency*  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<b>67</b>	<b>2</b>	<b>1</b>	_____ hr. _____ min.

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace **Platte County, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Ry Section Foreman**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name **John J. Jones**  
 13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **unknown**  
 15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

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?  
(Specify type of place)

16. (a) Informant **Mrs John Swinford**  
 (b) Address **Bendena, Kansas**

17. (a) **Burial** (b) Date thereof **11-13-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rushville, Mo.**  
 18. (a) Signature of funeral director **Barry Funeral Home**  
 (b) Address **224 South 10th St, St. Joseph, Mo.**

23. Signature **Trenton D. Woodson** (M. D. or other) \_\_\_\_\_  
 Address **109 1/2 W. Mo. Ave** Date signed **11-14-44**

19. (a) **11-13-44** (b) **Talent J. Fickel**  
(Date received local registrar) (Registrar's signature)

**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

*Mollie E. Sidenfader Fox*

Licensed Embalmer No.

*4235*

P. O. Address

*St. Joseph, 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.**