S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1945

Registration District No. 19

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3015

State File No. 40958

Registrar's No. 66

1. PLACE OF DEATH:
(a) County: CLINTON
(b) City or town: CAMERON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 421 E 2nd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: No (Specify whether
In this community: Twelve years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Clinton
(c) City or town: Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 421 E 2nd St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: HESTER A. JONES
3. (b) If veteran, name war: —
3. (c) Social Security No. —
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: John T. Jones
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: Feb. (Month) 23 (Day) 1887 (Year)

8. AGE: Years 47 Months 9 Days 21 If less than one day hr. / min.

9. Birthplace: Clark Co. (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: Nurse wife
11. Industry or business:
MOTHER FATHER
12. Name: W.R. Ferrell
13. Birthplace: (City, town, or county) Arkansas (State or foreign country)
14. Maiden name: Roda Ann Farmer
15. Birthplace: Clark Co (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant: John Jones
(b) Address: Cameron
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-18-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Packard Cem.
18. (a) Signature of funeral director: Poland Funeral Home
(b) Address: Cameron
19. (a) Dec. 16 1944 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1944 hour 7:25 minute P.M.
21. I hereby certify that I attended the deceased from 1-5-41, 19__, to 12-14-, 1944, that I last saw her alive on 12-14-, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Adeno Carcinoma of left lung	2-3 mon
Adenocarcinoma of liver	?
Due to: Adenocarcinoma of rt. & left breasts	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [signature] (M. D. or other) DO
Address: Cameron, Mo. Date signed 12-16-44

1088

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2533

P. O. Address Lathrop 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.