

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42281

FILED JAN 15 1945
Registration District No. 52

Primary Registration District No. 0192

Registrar's No. 41

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

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1. PLACE OF DEATH:
(a) County Taney
(b) City or town Rural + Alwan SW 1/4
(c) Name of hospital or institution:
(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 Taney
(c) City or town Hallsite Rural 10/6
(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 BLANE LYLE JONES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 7
year 1944 hour 7:00 minute _____ A.M.
21. I hereby certify that I attended the deceased from
Nov 20 1944 to Dec 7 1944
that I last saw him alive on Dec 2nd 1944
and that death occurred on the date and hour stated above.

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. Oct - 24th 1944
(Month) (Day) (Year)

Immediate cause of death Starvation Duration 2 mo.
Due to Malaria 2 mo.

8. AGE: Years Months Days If less than one day
1 12 _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: 158
Of operations _____
Of autopsy _____

9. Birthplace Taney Co. - Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Refund

11. Industry or business _____
12. Name Ralph Jones
13. Birthplace Mo. 0 (City, town, or county) (State or foreign country)
14. Maiden name George Turner
15. Birthplace Okla. 1 (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?
While at work? _____ (Specify type of place) (e) Means of injury 0

16. (a) Informant Ralph Jones
(b) Address Ridgedale, Mo.
17. (a) Burial (b) Date thereof Dec 7 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Quasi mo
18. (a) Signature of funeral director none
(b) Address _____

23. Signature Harry T. Evans (M. D. or other) MD
Address Brunswick, Mo. Date signed 12/7/44

19. (a) Dec 7, 44 (b) Mary Miller
(Date received local registrar) (Registrar's signature)

1105 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6
District File Number 145-68
Date Filed JAN 12 1945

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.....

P. O. Address.....

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.