

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 16 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42359

State File No.

Registration District No. 272

Primary Registration District No. 4643

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Webster

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

(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 1
(Specify whether years, months or days)

In this community 7 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Seymour 9
(If outside city or town limits, write "RURAL") 53

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

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME PAUL JONES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W.

6. (a) Name of husband or wife unknown

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Sept. 3 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>2</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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)

16. (a) Informant Mrs Anna Lee Lewis

(b) Address 1227 North Chautauk Okla

17. (a) Burial (b) Date thereof Dec. 1 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour Cemetery

18. (a) Signature of funeral director Kelley + emell

(b) Address Seymour Mo

19. (a) Dec 9 (b) Hilbert Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1944 hour 10: AM minute _____ M.

21. I hereby certify that I attended the deceased from Oct 10 1944 to Nov 28 1944
that I last saw him alive on Nov 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Myo Cardial Degeneration 8 yrs

Due to Angina pectoris 1 1/2 yrs

Due to Embolism

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

Major findings: _____

Of operations 930

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? _____

While at work _____ (Specify type of place)

(b) Means of injury _____

23. Signature Dr. R. H. Bell (M. D. or other) D.O.

Address Seymour, Mo Date signed 12/1/44

1067

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 1244-1349

Date Filed DEC 12 1944

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

K. K. Kelley

Licensed Embalmer No.

3334

P. O. Address

Seymour Ave

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.