S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13109
State File No.

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 24

20
1
0

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town El Dorado Spgs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cedar 20
(c) City or town El Dorado Spgs 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. 715 E Broadway
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William H Jones
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 15 (Day) 1863 (Year)
8. AGE: Years 81 Months 5 Days 7 If less than one day hr. min.
9. Birthplace Calloway Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Thomas Jones 0
13. Birthplace Calloway Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Elizabeth Harrison
15. Birthplace Ky. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Nellie Jones
(b) Address 715 E. Broadway
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/25/45 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.
18. (a) Signature of funeral director Mafes Funeral Home
(b) Address El Dorado Spgs, Mo.
19. (a) 4/24/45 (Date received local registrar) (b) L. F. Rhumway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22
year 1945 hour 4 minute 10 A.M.
21. I hereby certify that I attended the deceased from Jan 17, 1945, to Apr. 22, 1945; that I last saw him alive on Apr. 16, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis — Duration
Due to
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 0
23. Signature J W Dawson (M. D. or other)
Address El Dorado Spgs, Mo Date signed 4-24-45

1046

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Dis... No. 7,
4-45-426
5-10-45
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 George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El Dorado Spgs 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.