S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

Registration District No. 267

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6245

State File No. 14178

Registrar's No. 11

**1. PLACE OF DEATH:**

(a) County Ozark

(b) City or town McClurg, Rural Toledo Tw
(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

**2. USUAL RESIDENCE OF DEASCED:**

(a) State Missouri (b) County Douglas 34

(c) City or town Ava 1
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James W. Jones

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Maggie Conner Jones

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

7. Birth date of deceased April 12, 1870 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 74 | 10 | 13 | hr. min. |

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maggie Sallee
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Vernie L Jones
(b) Address McClurg, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove

18. (a) Signature of funeral director Clinkingbeard Funeral Ho
(b) Address Ava, Missouri

19. (a) 3-12-45 (Date received local registrar) (b) Margaret Hutchison (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 25 year 1945 hour 10 AM 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from Dec, 1944, to Feb, 1945, that I last saw him alive on Feb 2, 1945; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic myocarditis | 6 mo |
| Due to Arterio sclerosis | About 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 R M Norman (M. D. or other)

Address Ava Mo Date signed 3/7/45

1008

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 67
District File Number 445-484
Date Filed APR 24 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 W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava

**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.**