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14339

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 29 1945 143

Primary Registration District No. 4436

Registrar's No. 109

1. PLACE OF DEATH: Rales  
 (a) County Rales  
 (b) City or town New London  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Residence  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Rales  
 (c) City or town New London  
 (If outside city or town limits, write "RURAL")  
 (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 JOHNNY LEE JONES  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Mar. day 25 year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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: March 17 1881  
 (Month) (Day) (Year)

I hereby certify that I attended the deceased from No Medical Certification 19 \_\_\_\_\_  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 0 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Suicide  
 Due to: Gunshot wound in chest.

9. Birthplace: New London Missouri  
 (City, town, or county) (State or foreign country)

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

10. Usual occupation: Painter  
 11. Industry or business \_\_\_\_\_  
 12. Name: Richard Jones  
 13. Birthplace: Unknown Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: Margaret Stollwell  
 15. Birthplace: Unknown Missouri  
 (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) Suicide  
 (b) Date of occurrence: March 25, 1945  
 (c) Where did injury occur? New London Rales Mo.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? No  
 (Specify type of place) \_\_\_\_\_ (e) Means of injury: \_\_\_\_\_

16. (a) Informant: Mrs. J. P. Jones  
 (b) Address: Quincy Illinois  
 17. (a) Burial (b) Date thereof: Mar. 27, 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: Barkley Cem. New London

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

18. (a) Signature of funeral director: Ray O. Schwartz  
 (b) Address: Hannibal, Mo.  
 19. (a) 4-9-45 (b) R.S. BERRYMAN  
 (Date received local registrar) (Registrar's signature)

23. Signature: Olydder Wilkey Cooper  
 Address: Quincy, Mo. Date signed: 3/26/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 Albert Vallum, bill of interment 3/27/45-7

APR 31 1946

**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 Paul H. Fisher  
Licensed Embalmer No. 4110  
P. O. Address Humeral, 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.**