S. No. 2
M—5-42
5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23359

Registration District No. a Primary Registration District No. 5 & 3 b Registrar's No.

1. PLACE OF DEATH:
(a) County Andrew Co
(b) City or town Nelson Twp
(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 ✓ (Specify whether
In this community one week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 85
(c) City or town Creeker 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) /
If yes, name country ✓

3. (a) PRINT FULL NAME Wilburn Jones
3. (b) If veteran, name war ✓
3. (c) Social Security No. 703-03-7143
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Payne Jones
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Nov (Month) 15th (Day) 1881 (Year)

8. AGE: Years 62 Months 11 Days 26 If less than one day hr. min.

9. Birthplace Callaway Co (City, town, or county) MO (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Earl Jones
13. Birthplace Callaway Co (City, town, or county) MO (State or foreign country) 0
MOTHER
14. Maiden name Mandie Forrester
15. Birthplace Callaway Co. (City, town, or county) MO (State or foreign country)
16. (a) Informant Leo Jones
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/11-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Creeker, Mo Cem
18. (a) Signature of funeral director Monroe Funeral
(b) Address Centralia Mo
19. (a) 11/11-1944 (Date received local registrar) (b) Mrs. Archie Playter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from Nov. 2, 1944, to Nov. 11, 1944, that I last saw him alive on 11/11/44, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: /	
Of autopsy: Sw	

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) (e) Means of injury —
23. Signature [illegible] (M.D. or other)
Address Centralia Mo Date signed 11/11/44

1079 (Licensed Embalmer's Statement on Reverse Side)

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 M. D. McDonald

Licensed Embalmer No. 4343

P. O. Address Centralia 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.