7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

23562

State File No.

FILED JUL 23 1945

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 182

12
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**1. PLACE OF DEATH:**
(a) County Butler
(b) City or town Rural Poplar Bluff
(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 years, months or days)
In this community 8 yrs

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Butler
(c) City or town Rural Poplar Bluff
(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 Abe Jones
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Jones
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 8 (Month) 24 (Day) 1865 (Year)

8. AGE: Years 79 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Limestone Co. (City, town, or county) Ala (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Cotton Farm
MOTHER FATHER
12. Name Wade Jones
13. Birthplace Limestone Co. (City, town, or county) Ala (State or foreign country)
14. Maiden name Winnie Jones
15. Birthplace Limestone (City, town, or county) Ala (State or foreign country)
16. (a) Informant Mary Jones
(b) Address Bradley Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7. 3. 45 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff Mo
18. (a) Signature of funeral director [illegible]
(b) Address Poplar Bluff Mo
19. (a) 7-2-45 (Date received local registrar) (b) Belle Nixon (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 30 year 1945 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased ~~from~~ once, 19..., to 6-29, 1945, that I last saw him alive on 6-29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene (Rt. foot) — Duration
Due to Arteriosclerotic
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature F. F. Priest (Title) D.O.
Address Poplar Bluff, Mo. Date signed 6-30-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 8
District File Number 745-967
Date Filed 7-23-45

## 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 L M Hill

Licensed Embalmer No. 2627

P. O. Address Lilbourn Ohio

**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.**