S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1945

24854

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 114

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town ~~Farmington~~ RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Hospital No. 4 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs. 8 mos. 6 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 94

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MAGGIE LOU JONES

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female 1

5. Color or race W.

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

6. (b) Name of husband or wife Sam Jones

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

7. Birth date of deceased (Month) About (Day) 1862 (Year)

8. AGE: Years About 83 | Months | Days | If less than one day hr. min.

9. Birthplace Phelps Co., (City, town, or county) Missouri (State or foreign country) 13

10. Usual occupation None ; probably housewife.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Phelps County, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Davis
15. Birthplace Phelps County, (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation BODY SENT TO WASHINGTON UNIVERSITY SCHOOL OF MEDICINE, St. Louis, Mo.

18. (a) Signature of funeral director by Cozean's Funeral Service, Farmington, Mo.
(b) Address

19. (a) 8/4/45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1945 hour 37 minute 35 P. M.

21. I hereby certify that I attended the deceased from April 1, 1943, 19 to July 31, 1945, 19; that I last saw her alive on July 31, 1945, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 97

Of autopsy No autopsy.

Duration

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 [signature] (M. D. or other) [signature]

Address [illegible] No 4 Date signed 8-2-45

12 97

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 84 S-967

Date Filed 8-9-45

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.