No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP (1945)

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27477

State File No.

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 166

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town CLINTON — CLINTON TWP. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: GENERAL HOSP. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 HOURS (Specify whether years, months or days)

In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. CLAIR. 103

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

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

(e) Citizen of foreign country? NO. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME R. C. JONES

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE (1)

5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ANNE L. JONES

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May (Month) 13 (Day) 1877 (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	8	12	hr. min.

9. Birthplace BENTON Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

MOTHER FATHER

12. Name JOHN E JONES

13. Birthplace BENTON Co Mo 0 (City, town, or county) (State or foreign country)

14. Maiden name SARAH HUFF.

15. Birthplace BENTON Co Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs R.C. Jones

(b) Address Lowry City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28-45 (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director H.L. Calvert

(b) Address Clinton Mo

19. (a) Aug 27th (Date received local registrar) (b) Myrtle Rosenbalm (Registrar's signature)

1341 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25. year 1945 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from July 23, 19 45 to Aug 25, 19 45; that I last saw him alive on Aug 25, 19 45; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho pneumonia	2 days
Due to —	
Due to 370	
Other conditions Benign prostatic hypertrophy Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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) No

(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 S. B. Hughes (M. D. or other) M.D.

Address Clinton, Mo. Date signed 8/27/45

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

RECEIVED
District Health Officer No. 7
District File Number 8-45-893
Date Filed 9-6-45

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 W. L. Vaissaint

Licensed Embalmer No. 3779

P. O. Address Clinton

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.