

S. No. 2
1-8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33296

FILED NOV 6 1945

State File No. _____

Registration District No. 43

Primary Registration District No. 5135

Registrar's No. 290

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Brosley Ash Hill Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12
(c) City or town Brosley Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bobby Joe Jones

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W 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: Nov 30 1935
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 10 7 hr. min.

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

10. Usual occupation Student

11. Industry or business ✓

MOTHER FATHER { 12. Name Malcom Jones
13. Birthplace Jenn (City, town, or county) (State or foreign country)
14. Maiden name Erlynn Ramsey
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Father
(b) Address Brosley R1

17. (a) Burial (b) Date thereof 10 9 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ash Hill

18. (a) Signature of funeral director Sanders Funeral Home
(b) Address 1015 1/2 St

19. (a) 10/15/45 (b) R. A. Minette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1945 hour about minute 8:30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
accidental Drowning
while riding a blind horse near the edge of the bank of a drainage ditch
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 10 3 19
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accidental
(b) Date of occurrence Oct - 7 - 1945
(c) Where did injury occur? Butler Co Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
(Specify type of place)
(e) Means of injury drowning
23. Signature Greene W. Green (M.D. or D.V.M.)
Address Poplar Bluff Mo Date signed 10-8-45

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

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

RECEIVED

District Health Office, No. 2,

District File Number 1045-3180

Date Filed 10-31-42

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.....

Ed W. Rauden

Licensed Embalmer No.....

2287

P. O. Address.....

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.