No. 2
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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

38246

State File No.

FILED DEC 6 1945

Registration District No. 8

Primary Registration District No. 5971

Registrar's No. 37

**1. PLACE OF DEATH:**

(a) County Polk

(b) City or town Bolivar (Rural) (Marion Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
4 Miles S.E. of Bolivar
(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 61 years.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Polk

(c) City or town Bolivar, Mo. (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles S.E. of Bolivar
(If rural, give location)

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

If yes, name country None

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3. (a) PRINT FULL NAME Marion Granville Jones

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annie M. Jones

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Mar. 12, 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Scotland County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Wesley Jones

13. Birthplace West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Petty

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. G. Jones

(b) Address Bolivar, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Erwin and Blue

(b) Address Bolivar, Mo.

19. (a) Nov. 2, 1945 (Date received local registrar) (b) Ralph Gordon (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 27, year 1945 hour 3:45 minute P. M.

21. I hereby certify that I ~~attended~~ viewed the deceased from ....., 19..... to ....., 19.....; that I ~~last~~ saw him ~~alive~~ on Oct. 27, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary occlusion | |
| Due to | |
| 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?
(Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Howard D. Erwin Coroner ~~M. D. or Coroner~~

Address Bolivar, Mo. Date signed Oct. 29, 1945

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(Licensed Embalmer's Statement on Reverse Side)

Officer No. 7,

11-45-1158

Date Filed 12-4-45

**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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Balmar, 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.**