. S. No. 2
0M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42817

Registration District No. 376 Primary Registration District No. 6282 Registrar's No.

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Macomb "Rural" Rt. # 1
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114

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

(d) Street No. Route # 1 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sera Caroline Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

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

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

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

7. Birth date of deceased March (Month) 15 (Day) 1879 (Year)

8. AGE: Years 66 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Bud Gray
13. Birthplace unknown (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Caroline Reno
15. Birthplace unknown (City, town, or county) Missippi / (State or foreign country)

16. (a) Informant Glen H Jones
(b) Address Macomb Route # 1, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Macomb cemetery, Mo.

18. (a) Signature of funeral director Thomas G. Hauldin
(b) Address Box 136, Norwood, Missouri

19. (a) 12-31-45 (Date received local registrar) (b) Mrs A R Worsham by Mrs [illegible] Burnett (Registrar's signature)

1589 deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10 year 1945 hour 2 minute 4 M.

21. I hereby certify that I attended the deceased from January 2 1st, 1942 to December 4, 1945; that I last saw her alive on December 4, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insuff. Duration

Due to Rumatic Fever

Due to Glu

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 926

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 0

23. Signature [illegible] (M. D. or other)

Address Norwood Mo Date signed 12/12/1945

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146-32
Date Filed JAN 9 1946

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 The Body was not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Thomas J. Houlden

Licensed Embalmer No. 4317

P. O. Address BOX 136, Norwood, 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.