S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2233

FILED JAN 25 1946

Registration District No. 43

Primary Registration District No. 4056

Registrar's No. 22

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

253

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Fisk
(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 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

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

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

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

If yes, name country ____

3. (a) PRINT FULL NAME Russell G. Jones

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

4. Sex male 0 | 5. Color or race white | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clemmie Jones | 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased April 29 (Month) 10 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	8	14	____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Indiana (State or foreign country)

10. Usual occupation farmer

11. Industry or business ____

FATHER
12. Name George Jones
13. Birthplace unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Dora Black
15. Birthplace unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Clemmie Jones
(b) Address Fisk, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Bernie, Missouri

18. (a) Signature of funeral director M S Shain
(b) Address Fisk, Missouri

19. (a) 1-18-46 (Date received local registrar) (b) Rt Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1946 7 hour 30 minute P M.

21. I hereby certify that I attended the deceased from April, 1942, to Jan. 2nd, 1946, that I last saw him alive on Jan 2nd, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Left ventricular failure

Due to Chronic Myocarditis

Due to Pulmonary Tuberculosis

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of 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 ____

23. Signature Gordon C Hamphill (M. D. or other) D.O.
Address Fisk, Mo. Date signed 1/18/46

(Licensed Embalmer's Statement on Reverse Side)

DEC 11 194

RECEIVED
District Health Office No. 2,
District File Number 146-134
Date Filed 1-22-46

FEB 1 1945

MAR 1 3 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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Wallace N Fitzi

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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.