S. No. 2
M—8-43
. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2500

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
508 E. HOUCHINS ST. 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 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County MONROE 69
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 10 MI. SW. OF PARIS, MO.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME LOUISA ELIZABETH JONES
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JAMES WM. JONES
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased APRIL (Month) 13 (Day) 1871 (Year)

8. AGE: Years 74 Months 8 Days 29 If less than one day hr. min.

9. Birthplace — (City, town, or county) ILL. 1 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business —
FATHER
12. Name LEEMAN WALLACE DILKS
13. Birthplace — (City, town, or county) — (State or foreign country)
MOTHER
14. Maiden name LOUISA E. DIGGS
15. Birthplace — (City, town, or county) IND. 1 (State or foreign country)
16. (a) Informant Martha E. Eagan
(b) Address 508 Houchin. Jefferson City Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 13, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation MOBERLY, MO.
18. (a) Signature of funeral director Speed & Blakey
(b) Address Paris, Missouri.
19. (a) 1-12-46 (Date received local registrar) (b) R. P. Dorris MD NR (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 12
year 1946 hour 8:15 AM minute M.
21. I hereby certify that I attended the deceased from Nov 24, 1945 to Jan. 12, 1946
that I last saw her alive on Jan. 11, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cholemia
Due to Biliary Cirrhosis of Liver
Due to Chronic gall bladder disease c̄ stones &
Other conditions common duct obstruction
(Include pregnancy within 3 months of death)
Major findings: Of operations G.B. disease with stones & cirrhosis
Of autopsy 126

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 J. A. Ossman (M. D. or other) MD
Address Jeff. City Mo Date signed 1-12-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-12-46

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 E. H. Agnew

~~Registered Apprentice No.~~

working under my personal supervision.

Signed Edmond H. Agnew

Licensed Embalmer No. 4000

~~P. O. Address~~ Paris, Missouri.

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.