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0M—8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2523

FILED FEB 6 1946

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 1

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 201 W. SPRING ST.
(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 40 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper
(c) City or town Boonville
(If outside city or town limits, write "RURAL")
(d) Street No. 201 West Spring St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MISS NANCY WILLIE JONES
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
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 JULY (Month) 1 (Day) 1874 (Year)

8. AGE: Years 71 Months 6 Days 6 If less than one day hr. min.

9. Birthplace HOWARD COUNTY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business HOME
FATHER
12. Name WILLIAM JONES
13. Birthplace WEST VIRGINIA (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name NANCY AMICK
15. Birthplace SOUTH CAROLINA (City, town, or county) (State or foreign country)
16. (a) Informant MABEL THOMAS
(b) Address BOONVILLE, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/10/1946 (Month) (Day) (Year)
(c) Place: burial or cremation BOONSBORO, MO.
18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.
19. (a) 1-8-46 (Date received local registrar) (b) Clay Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th year 1946 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from Nov 24, 1945 to Jan 7, 1946, that I last saw he alive on Jan 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	unknown
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 J. C. Tincher (M. D. or other) M.D.
Address Boonville Mo Date signed 1/8/46

(Licensed Embalmer's Statement on Reverse Side)

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

496

RECEIVED
District Health Officer No. 8
District File Number _____
Date Filed 2-5-46

FEB 7 1943

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 James W. Stegner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.