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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10304

FILED APR 11 1946

State File No.

Registration District No. 272

Primary Registration District No. 4398

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Holland
(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 All of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

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

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

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

If yes, name country

3. (a) PRINT FULL NAME John A. Jones

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ Married 1

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February (Month) 13 (Day), 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	0	4	hr. min.

9. Birthplace Gillette County (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Retired

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) " (State or foreign country) 9

MOTHER
14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country) 9

16. (a) Informant Lena Jones 1

(b) Address Holland, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/18/46 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetry - Blytheville, Ark

18. (a) Signature of funeral director J. L. Germen

(b) Address Steele, Mo. Box 121

19. (a) 4/1-1946 (Date received local registrar) (b) S. L. Newman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1946 hour 3 minute 15 A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death High Blood Pressure and Heart trouble as history given By Family

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 10

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 3

23. Signature Jack Kelley Coroner (M. D. or other)

Address Hayti Mo. Date signed 2-17-46

247 (Licensed Embalmer's Statement on Reverse Side)

3-46-81

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.