

S. No. 2
A-542
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED APR 30 1946 STANDARD CERTIFICATE OF DEATH

State File No. **12891**

Registration District No. **128**

Primary Registration District No. **5466**

Registrar's No. **306**

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Rural S. Campbell Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MEDICAL CENTER FOR FEDERAL PRISONERS 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 Months, 24 Days**
(Specify in hospital or institution)
In this community **11 Months, 24 Days**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **District of Col** County **991**

(b) City or town **Washington, D.C.** **4**
(If outside city or town limits, write "RURAL.")

(c) Street No. **744 19th St. N.E.**
(If rural, give location)

(d) Citizen of foreign country? **No.** (Yes or No) **2**
If yes, name country.....

3. (a) PRINT FULL NAME **JONES, Albert Robert #5090-H**

3. (b) If veteran, name war **UNK**

3. (c) Social Security No. **UNK**

4. Sex **male 2**

5. Color or race **negro**

6. (a) Single, widowed, married, divorced **single 0**

6. (b) Name of husband or wife **None**

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

7. Birth date of deceased **October 2, 1920**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	25	6	4	hr. min.

9. Birthplace **Union County South Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER {

12. Name **Fair Jones**

13. Birthplace **UNK** **UNK?**
(City, town, or county) (State or foreign country)

14. Maiden name **Lillian Rice Jones**

15. Birthplace **UNK** **UNK?**
(City, town, or county) (State or foreign country)

16. (a) Informant **File**

(b) Address **MCFP**

17. (a) **Removal** (b) Date thereof **April 9th, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation **Washington, D. C.**

18. (a) Signature of funeral director **Fred C. Pieme**

(b) Address **Springfield, Missouri.**

19. (a) **4-9-46** (b) **D. W. E. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6**
year **1946** hour **3:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **April 12**
....., 19**45** to **April 6, 1946**;
that I last saw h. **im.** alive on **April 6, 1946**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis,**
pulmonary, bilateral, far advanced,
with cavitation. **4 yrs.**
Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy **As above.** **130**

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.....

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?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature **E. W. Morland** (M. D. XXXX)
Address **Medical Center for Fed. Prisoners** Date signed **4-8**

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

11796

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.

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