

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1946
STANDARD CERTIFICATE OF DEATH

State File No. **13500**

Registration District No. **146** Primary Registration District No. **5568** Registrar's No. **141**

1. PLACE OF DEATH
(a) County **Jackson**
(b) City or town **Rural (Blue-Twp)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2503 Harvard 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Pilot Grove**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lavinia Burns Jones**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Caleb C. Jones** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **9** If less than one day hr. min.

9. Birthplace **Pilot Grove, Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Robert Burns**

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

14. Maiden name **Virginia J. Wether**

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

16. (a) Informant **Mrs. Earl J. Stegner**

(b) Address **Independence, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4/21/46** (Month) (Day) (Year)

(c) Place: burial or cremation **Pilot Grove, Mo.**

18. (a) Signature of funeral director **Island B. Speaks**

(b) Address **Independence, Mo.**

19. (a) **Apr. 27-1946** (Date received local registrar) **James H. Blair** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17** year **1946** hour **1** minute **30** P.M.

21. I hereby certify that I attended the deceased from **April 17** 19**46** to **death** 19**46**
that I last saw h. ex. alive on **April 17** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Edema** Duration **1 hr.**

Due to **Coronary Atherosclerosis** ?

Due to **Atherosclerosis**

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

Major findings: Of operations _____ Of autopsy **940**

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? _____

While at work (Specify type of place) _____ (e) Means of injury **6**

23. Signature **Charles H. Blair** (M.D. or other) **Blair**
Address **Independence, Mo.** Date signed **4/18/46**

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

MOTHER FATHER

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.....

Roland R. Speer

Licensed Embalmer No.....

3604

P. O. Address.....

Indip. 720

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.