

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED APR 17 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 182

Primary Registration District No. 5686

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Linn

(b) City or town LINNEUS RURAL - LOCUST CREEK
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: LINN COUNTY INFIRMARY 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution untillation
(Specify whether years, months or days)

In this community 8 yr 6 mo - 9 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME EDMOND JONES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 1858
(Month) (Day) (Year)

8. AGE: Years 87 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Linn Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant D. K. Hervey Dept. 6.

(b) Address Lawrence, Mo Infirmary

17. (a) Unknown (b) Date thereof 3/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highgate, Mo (No Hospital)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1946 hour 1 minute 30 p M.

21. I hereby certify that I attended the deceased from Sept 7, 1938, to March 16, 1946 that I last saw him alive on Mar. 16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 10 da.

Due to Gunne Atrial Scarion 10 yr

Due to _____

Other conditions Paralysis Cerebrum 3 yr
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 97

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? _____

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

23. Signature Roy P. Haly (M. D. or other) MD
Address Brookfield Mo Date signed 3-21-46

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.....

not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *David G. Taylor*.....

Licensed Embalmer No. *3761*.....

P. O. Address *Lincoln, 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.