

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 1 X16671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 17199  
 Registrar's No. 68

**FILED** MAY 17 1946  
 383

Registration District No. \_\_\_\_\_ Primary Registration District No. 5655

1. PLACE OF DEATH:  
 (a) County Lawrence  
 (b) City or town Mt. Vernon Twp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri State Sanatorium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 33 days  
 In this community 33 days  
 years, months or days (Specify whether)

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

3. (a) PRINT FULL NAME Darline Dean Jones  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 6th  
 year 1946 hour 12:45 minute \_\_\_\_\_ A. M.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Howard Jones  
 6. (c) Age of husband or wife if alive 24 years  
 7. Birth date of deceased Jan 29 1926  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3 1946 to April 6th 1946  
 that I last saw h. er alive on April 5th 1946  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
20 2 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Pulmonary Tuberculosis Over 2 yrs.  
 Duration \_\_\_\_\_

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

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

10. Usual occupation Housewife

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

11. Industry or business \_\_\_\_\_  
 12. Name Louis Streiff  
 13. Birthplace Highland Illinois  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Georgia Harris  
 15. Birthplace Martin Tenn  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 13/2  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant E. McMichael, Record Clerk  
 (b) Address Mo. State San. Mt. Vernon, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Apr 6 1946  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St James

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

18. (a) Signature of funeral director H. B. Fossett  
 (b) Address Mt. Vernon Mo.  
 19. (a) 4-29-46 (b) DR Pheloux  
 (Date received local registrar) (Registrar's signature)

23. Signature C. A. Brasher M.D. (M.D. or other)  
 Address Mt. Vernon Mo Date signed 4/6/46

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

RECEIVED  
District Health Officer No. 6;  
District File Number 546-558  
Date Filed MAY 15 1946

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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 *W. D. Fournier*.....

Licensed Embalmer No. *2201*.....

P. O. Address *MT Vernon 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.**