No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17337

Registration District No. 148 — Primary Registration District No. 4310 — Registrar's No. 5

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Bevier
(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 years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Macon
(c) City or town: Bevier (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: Gracie G. 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: Lum M. Jones
6. (c) Age of husband or wife if alive: 88 years
7. Birth date of deceased: 8 (Month) — 14 (Day) — 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
86	6	19	— hr. — min.

9. Birthplace: Bevier (City, town, or county) — Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: John P. Jones
FATHER 13. Birthplace: (City, town, or county) — Kentucky (State or foreign country)
MOTHER 14. Maiden name: Veronica Hopkins
MOTHER 15. Birthplace: (City, town, or county) — Kentucky (State or foreign country)
16. (a) Informant: Lum M. Jones
(b) Address: Bevier Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairgrove
18. (a) Signature of funeral director: R. E. Edwards
(b) Address: Bevier Mo
19. (a) 4-8-46 (Date received local registrar) (b) Winnie I. Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3 year 1946 hour 11 minute 30 P M.
21. I hereby certify that I attended the deceased from 2/12, 1946, to 3/3, 1946 that I last saw her alive on 3/3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration 4 days
Due to: General Arteriosclerosis — 10 yrs.
Due to:
Other conditions (Include pregnancy within 3 months of death): ✓
Major findings:
Of operations:
Of autopsy: Sp Bw

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: R. Stanaway M. D. or other)
Address: Macon Mo Date signed 4/7/46

1289

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46-940
Date Filed MAY-23-1946

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 D. E. Edwards

Licensed Embalmer No. 1961

P. O. Address Bevier 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.