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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19750

State File No.

Registration District No. 0

Primary Registration District No. 5228

Registrar's No. 87

1. PLACE OF DEATH:

(a) County: Cass

(b) City or town: Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Route #3
(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: Missouri (b) County: Cass

(c) City or town: rural Pleasant Hill, Rt. 3
(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: Andrew Jackson Jones baby #1

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Fe

5. Color or race: wh

6. (a) Single, widowed, married, divorced .....

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: June (Month) 15 (Day) 1946 (Year)

8. AGE: Years | Months | Days | If less than one day: 6 hr. ..... min.

9. Birthplace: Pleasant Hill RR#3 (City, town, or county) Mo. (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name: Andrew Jackson Jones
13. Birthplace: Lebanon (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Alice Mitchell
15. Birthplace: Argentine (City, town, or county) Kan. (State or foreign country)

16. (a) Informant: A. J. Jones (Father)

(b) Address: Pleasant Hill RR#3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 16 (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant Hill

18. (a) Signature of funeral director: J. Virgil Hanick

(b) Address: Pleasant Hill

19. (a) June 18-1946 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1946 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from June 15, 1946, 19..., to June 15, 1946, 19..., that I last saw her alive on 6:30 A.M., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to: Multiple pregnancy	
Due to: Polyhydramnious of mother	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 59	
Of autopsy: 1	

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: J. L. Kearns (M. D. or other) D.O.

Address: Pleasant Hill, Mo. Date signed 6/15/46

51

(Licensed Embalmer's Statement on Reverse Side)

18625

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

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.....

Licensed Embalmer No. 35-99

P. O. Address.....

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.