S. No. 2
M—2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21037

State File No. _____

Registration District No. 9-7 Primary Registration District No. 3050 Registrar's No. _____

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Caruthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1411 Vest, St. 1
(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: 1 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot 78
(c) City or town: Caruthersville 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 1411 Vest, St. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME: Arthur Jones

3. (b) If veteran, name war: X

3. (c) Social Security No. _____

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Agnes Jones

6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: November (Month) 28, (Day) 1907 (Year)

8. AGE: Years 38 | Months 6 | Days 13 | If less than one day _____ hr. _____ min.

9. Birthplace: Shreveport, (City, town, or county) Louisana (State or foreign country) 1

10. Usual occupation: Laborer

11. Industry or business _____

FATHER
12. Name: Harold Jones
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Agnes Jones 1
(b) Address: Caruthersville, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Shreveport, Louisiana

18. (a) Signature of funeral director: H. L. Smith Funeral Home
(b) Address: Caruthersville, Mo.

19. (a) 6/13/46 (Date received by local registrar) (b) Wilsie Wells (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1946 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 4 1946, 19__, to June 11 1946, that I last saw him alive on JUNE 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Hepatitis	7 days
Due to: None	
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
Of autopsy: None	

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 _____

23. Signature: O. W. Cook M.D. (M. D. or other)
Address: Caruthersville, Mo. Date signed 6-11-46

241 (Licensed Embalmer's Statement on Reverse Side)

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

13306

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 Lee Ford, Registered Apprentice No. 386, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.