No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22606

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 93

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
Mexico General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEATHS:

(a) State Missouri (b) County Audrain

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

(d) Street No. R.F.D. #3, Centralia, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur Robinson Jones

3. (b) If veteran, name war None

3. (c) Social Security No. V

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased December 4, 1904 (Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name John D. Jones

13. Birthplace Randolph County, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Bertha Embree

15. Birthplace Randolph County, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hazel Jones

(b) Address R.F.D. #3, Centralia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 46 (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo.

18. (a) Signature of funeral director Earl E. Pruett

(b) Address Mexico, Mo.

19. (a) 7/9/46 (Date received local registrar) (b) Blanche Nelly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 3, 1946 to July 8, 1946 that I last saw him alive on July 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Suppurative Appendicitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Acute Suppurative Appendicitis

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address Mexico, Mo. Date signed 7/9/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 7-46-1428
JUL 23 1946
D.S.

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: Earl E. Precht, Registered Apprentice No. _____, working under my personal supervision.

Signed: Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address: Mexico, 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.