S. No. 2
M—9-4-41
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24421

FILED AUG 1 1946

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 155

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

23273

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural
(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
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. 5 Miles Southeast of Sikeston
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Milt Jones

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 3 (Month) 16 (Day) 1888 (Year)

8. AGE: Years 58 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Fulton (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Farming

11. Industry or business

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

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

16. (a) Informant Mrs Bertha Rodgers
(b) Address St. Louis, Mo. 825 Wright St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton
(b) Address Sikeston, Mo.

19. (a) 7-22-46 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29
year 1946 hour 12 minute p.M.

21. I hereby certify that I attended the deceased from Apr. 8, 1946 to Apr. 20, 1946
that I last saw him alive on Apr. 20, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrage	~~[illegible]~~
Due to Hypertension	Undetermined
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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 H. B. Throgmorton (M.D. or other)

Address Box 256, Sikeston, Mo. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

8-May-46

RECEIVED
District Health Office No. 2,
District File Number 46-920
Date Filed 7-29-46

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

Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed John Allcutton

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.