

S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED AUG 21 1946
STANDARD CERTIFICATE OF DEATH

State File No. 27685
Registrar's No. 96

Registration District No. 18-2 Primary Registration District No. 2010

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
416 Reynard Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 1/2 months (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 1/2 miles southeast of Dawn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LYDIA MAUDE JONES
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 12th
year 1946 hour 6 minute 30 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John R. Jones 6. (c) Age of husband or wife if
67 years alive
7. Birth date of deceased May 24 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Aug 11 1946 to Aug 12 1946
that I last saw him alive on Aug 11 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 2 18 hr. min.

Immediate cause of death
Cerebral Arterio-Sclerosis 4 yrs
Due to unknown

9. Birthplace Schoolkill Pennsylvania
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Due to _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____
12. Name James Greener
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Davis
15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
97

16. (a) Informant John R. Jones
(b) Address R.R. #1 Dawn, Missouri
17. (a) Burial (b) Date thereof 8-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Welsh Cemetery

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 0

18. (a) Signature of funeral director Norman Funeral Home
(b) Address Chillicothe, Mo.
19. (a) Aug-13-46 (b) Francis B. Neill
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address Chillicothe, Mo. Date signed 8/13/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
17
2
2002A

171

0702

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Elton J. Norman*

Licensed Embalmer No..... 4036

P. O. Address..... Chillicothe, 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.