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

31550

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32701

FILED OCT 17 1946

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 238

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 803 Elm St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 68 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 803 Elm St. 4
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN JONES

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 10 - 10 - 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	11	23	hr. min.

9. Birthplace Boone County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Fruit Vendor

11. Industry or business

FATHER
12. Name John B. Jones
13. Birthplace (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Cythia Gillaspie
15. Birthplace (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Moss Jones
(b) Address Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) Oct 7 -46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1946 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
Due to Some form of heart ailment	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 95c	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J Ward Coroner 2 (M. D. or other)

Address Columbia Mo Date signed 10/5/46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9
District File Number
Date Filed 10-15-46

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Tom McHarg

Licensed Embalmer No. 9067

P. O. Address Columbia, 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.