No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33952

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 50

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town DE SOTO, MO. R#3.
(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 16 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State MISSOURI (b) County JEFFERSON

(c) City or town DE SOTO, MO. R #3.
(If outside city or town limits, write "RURAL")

(d) Street No. ✓
(If rural, give location)

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

3. (a) PRINT FULL NAME EDGAR H. JONES JR.

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased APRIL (Month) 23, (Day) 1921 (Year)

8. AGE: Years 25 Months 5 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace CINCINNATI (City, town, or county) OHIO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business GENERAL FARMING

FATHER
12. Name EDGAR H. JONES SR.
13. Birthplace PARIS (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name LULA LUEBBERS
15. Birthplace DE SOTO (City, town, or county) MO. (State or foreign country)

16. (a) Informant Edgar H. Jones Sr.
(b) Address Cincinnati Ohio

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT (Month) 10 (Day) 1946 (Year)
(c) Place: burial or cremation CINCINNATI OHIO

18. (a) Signature of funeral director Gentry R. Pollitt
(b) Address Crystal City, Mo.

19. (a) 10/7/46 (Date received local registrar) (b) Marie Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 5th year 1946 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from Oct 3, 1946 to Oct 4, 1946 that I last saw him alive on Oct 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	3 days
Due to Exposure	
Due to Epilepsy	Yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

195E
40

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) 2
While at work? (e) Means of injury

23. Signature J. P. Engels (M. D. or other) DO
Address De Soto, Mo. Date signed 10/4/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-8-46

OCT 17 1946

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 Gentry R. Politte

Licensed Embalmer No. 3481

P. O. Address Crystal City, M

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.