

No. 2
-12-45
-5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34199**

FILED NOV 6 1946

Registration District No. **211**

Primary Registration District No. **4328**

Registrar's No. **84**

1. PLACE OF DEATH:

(a) County **Mississippi**

(b) City or town **Bertrand**

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community **All of Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**

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

(d) Street No. **None**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Elbert Paul Jones**

3. (b) If veteran, name war **Spanish-American**

3. (c) Social Security **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Winnie Jones**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **January 18, 1879**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
67	8	16	hr. _____ min.

9. Birthplace **Charleston, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Merchant**

11. Industry or business **None**

MOTHER FATHER { 12. Name **Math Jones**

13. Birthplace **East Prairie, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sussie Settles**

15. Birthplace **East Prairie, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Jones**

(b) Address **Bertrand, Missouri**

17. (a) **Burial** (b) Date thereof **Oct 4, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery
Charleston, Missouri**

18. (a) Signature of funeral director **John H. Borden**

(b) Address **Charleston, Missouri**

19. (a) **10-21-46** (b) **Mrs. John Borden**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **4th**
year **1946** hour **3:00** minute **15** A.M.

21. I hereby certify that I attended the deceased from **MAY** 19**46** to **OCT** 19**46**
that I last saw him alive on **SEPT 30** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to _____

Due to _____

Other conditions **Diabetes**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **U1**

Duration **1 yr**

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **C. C. Parnell, M.D.** (M. D. or other)

Address **Charleston, Mo.** Date signed **10/7/46**

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

33020

RECEIVED

District Health Office No. 2

District File Number 1046-12

Date Filed 10-29-46

NOV 6 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 Edward E. Pennington

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.