S. No. 2
M—8-43
5-17-39
I .X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37837

State File No.

Registration District No. 248 Primary Registration District No. 4372 Registrar's No. 163

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Burlington Jct. Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Ralph Jones
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway 74
(c) City or town Burlington Jct. 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Hester Hattie Jones
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Francis A Jones
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 9 (Month) 1867 (Day) (Year)

8. AGE: Years 79 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Guthrie Center, Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name ( ) Leach 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Jones Son
(b) Address Burlington Jct. Mo
17. (a) Ohio Burial (Burial, cremation, or removal) (b) Date thereof Nov 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Burlington Jct Mo
18. (a) Signature of funeral director [signature]
(b) Address Burlington Jct Mo
19. (a) Nov. 5, 1946 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from Oct 1, 1946, to Oct 30, 1946
that I last saw her alive on Oct 30, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	9 mo
Due to arteriosclerosis generalis	?
Due to Chronic Myocarditis	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93D

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 0
23. Signature B. F. Byland (M. D. or other) MD
Address Burlington Jct Mo Date signed 10/1/46

229

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.: 2968

P. O. Address Burlington Jct 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.