S. No. 2
M—8-43
. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37987

Registration District No. 291 Primary Registration District No. 5994 Registrar's No. 77

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville - Richland Township (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 LIFE TIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam 86
(c) City or town Unionville (Rural) (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Adeline Jones
3. (b) If veteran, name war ✓
3. (c) Social Security No. No
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Grant A. Jones
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 14 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	11	25	hr. min.

9. Birthplace Putnam Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business House work
FATHER
12. Name John McCollom
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Naomi Crabtree
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Sylvia Jones
(b) Address Unionville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 1 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cemetery
18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo By John N. Comstock
19. (a) 11-5-46 (Date received local registrar) (b) Marvell Durbin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9 year 1946 hour 1 minute 45 A.M.
21. I hereby certify that I attended the deceased from Oct 30, 1946, to Oct 9, 1946 that I last saw her alive on Oct 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83A
Of autopsy

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 [signature] (M. D. ~~or other~~)
Address Unionville Mo Date signed 10/6/46

266 (Licensed Embalmer's Statement on Reverse Side)

AUG 13 1948

NOV 13 1952

RECEIVED
District Health Officer No. 10
District File Number 11-46-2174
Date Filed NOV 26 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 John N. Comstock

Licensed Embalmer No. 3891

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.