

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41280**

Registration District No. **198**

Primary Registration District No. **5718**

Registrar's No. **13**

1. PLACE OF DEATH:

(a) County **McDonald**

(b) City or town **Rural** **Prairie**
(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 years, months or days) **less than one day**

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **R#1 Southwest City**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Roy Jones**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **16**
year **1946** hour **5** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Nov 14**
19**46** to **Nov 16** 19**46**
that I last saw him **alive** on **Nov 14** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**

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

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

7. Birth date of deceased: **Nov.** **16** **1946**
(Month) (Day) (Year)

Immediate cause of death.

Suffocation

Due to **Strangulation**

Due to **Premature**

Other conditions (Include pregnancy within 3 months of death).....

8. AGE:	Years	Months	Days	If less than one day
				8 hr. 20 min.

9. Birthplace **Noel, Mo. R#1** **Mo**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation **none**

11. Industry or business **none**

12. Name **Albert Jones**

13. Birthplace **Canada**
(City, town, or county) (State or foreign country)

14. Maiden name **Dorothy Briggs**

15. Birthplace **Hookerville, Ohio**
(City, town, or county) (State or foreign country)

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

(b) Address **Noel, Mo. R#1**

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

(c) Place: burial or cremation **Saratoga Cemetery**

18. (a) Signature of funeral director **E.R. Pyatt**

(b) Address **Lawrenceville, Mo.**

19. (a) **12-6-46** (b) **John W. Nichol**
(Date received local registrar) (Registrar's signature)

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) (e) Manner of injury **2**

Signature **J.P. Frutkin** (M. D. or other) **No**

Address **Noel, Mo** Date signed **Nov 18**

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

40098

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..... *E R Pyeatt*.....
Licensed Embalmer No. *3211*.....
P. O. Address..... *Greenville Ark*.....

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.