

S. No. 2
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15-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41664

State File No.

FILED JAN 13 1947
Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 112

1. PLACE OF DEATH:

(a) County..... Pulaski

(b) City or town..... Wagnessville

(c) Name of hospital or institution:
Waynesville General Hospital

(d) Length of stay: In hospital or institution..... One day

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Pulaski

(c) City or town..... Dixon

(d) Street No.....

(e) Citizen of foreign country?.....

3. (a) PRINT FULL NAME Rosella Caroline Jones

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

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

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife George Jones

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased 6 16 1867

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

79 6 3

9. Birthplace Missouri

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Richard Warnol

13. Birthplace Kentucky

14. Maiden name Betty Fleming

15. Birthplace Missouri

16. (a) Informant Mr. George Jones

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 12/22/1946

(c) Place: burial or cremation Pisgah

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 1/2/47 (b) Louise McClintock

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19 year 1946 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from 12-16-46 to 12-18 1946

that I last saw him alive on 12-18 1946

and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition

Duration Indefinite

Due to Chronic liver and renal insufficiency

Due to Arteriosclerosis and hepatitis

Other conditions.....

Major findings: Of operations none 125B

Of autopsy none

Duration Indefinite

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?.....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)

23. Signature Edgar O. Hughes (M.D. or other)

Address Dixon, Mo Date signed 12-21-46

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

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.....

Dec. 19, 1946

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Paul H. Gilkey

Licensed Embalmer No..... *2341*

P. O. Address..... *Dixon, Missouri*

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.