No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 10 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 250

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 169

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City ~~or town~~ St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs. 4 mos. 7 days (Specify whether)

In this community 7 years 4 months 7 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) ~~City or~~ town Belton (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 CHARLES WESLEY JONES.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 6 (Month) - 23 (Day) - 1887 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	59	7	10	hr. min.

9. Birthplace Belton (~~City~~, town, ~~or county~~) Missouri (State ~~or foreign country~~)

10. Usual occupation None.

11. Industry or business None.

FATHER
12. Name Benjamin F. Jones
13. Birthplace Kansas City (City, ~~town, or county~~) Missouri (State ~~or foreign country~~)

MOTHER
14. Maiden name Frances Ann Hampton
15. Birthplace Weston (~~City~~, town, ~~or county~~) Missouri (State ~~or foreign country~~)

16. (a) Informant Mrs. Frances B. Mazurek

(b) Address 1138, 17th St. Santa Monica Calif.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/3/47 (Month) (Day) (Year)

(c) Place: burial or cremation Belton Mo

18. (a) Signature of funeral director Nator Be Sole & Bowman

(b) Address St Joseph, Mo

19. (a) 2-6-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3 year 1947 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-1-, 1943, to 2-2-, 1947 that I last saw him alive on 2-2-, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis of right internal Capsule	Sudden
Due to arterio-sclerosis	20 years
Due to	
Other conditions: Mental deficiency (Include pregnancy within 3 months of death)	Life

Major findings:
Of operations 97

Of autopsy Thrombosis of right internal Capsule - arterio-sclerosis.

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

23. Signature J. H. Marroway (M. D. ~~or other~~)

Address State Hospital No. 2 St Joseph, Mo Date signed 2-3-47.

(Licensed Embalmer's Statement on Reverse Side)

OCT 14 1950

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 314 South St. Joseph, 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.