

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED FEB 13 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**368**

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 3009

Registrar's No. 45

**1. PLACE OF DEATH:**  
 (a) County Butler  
 (b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Lucy Lee Hospital  
(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  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Wayne  
 (c) City or town Greenville  
(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** Thomas Jefferson Jones  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month Jan day 25  
 year 1947 hour 8 minute 50 A. M.  
 21. I hereby certify that I attended the deceased from 15 Aug  
1946 to 1-25-47  
 that I last saw h. live on 1-25 and that death occurred on the date and hour stated above.  
 Immediate cause of death Asphyxiation Duration \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Margaret Gertrude Jones 6. (c) Age of husband or wife if 42 years  
 7. Birth date of deceased Aug 6 1876  
(Month) (Day) (Year)

Due to Cardiac failure  
 Due to Cardiac vascular renal disease  
 Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**8. AGE:** Years 70 Months 5 Days 19 If less than one day \_\_\_\_\_  
hr. min.

Major findings: 93D  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Unknown (City, town, or county) (State or foreign country) 9  
 10. Usual occupation Retired

**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? \_\_\_\_\_

**11. Industry or business**  
 12. Name William T. Jones 9  
 13. Birthplace Unknown (City, town, or county) (State or foreign country) 9  
 14. Maiden name Priscella Erwin  
 15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

**23. Signature** [Signature] (M.D. or other) M.D. \_\_\_\_\_  
 Address Poplar Bluff, Mo. Date signed 1-27-47

16. (a) Informant Mrs. Gertrude Jones  
 (b) Address Greenville, Mo.  
 17. (a) Burial (b) Date thereof 1/27/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Greenville, Mo.  
 18. (a) Signature of funeral director Greer Croy & Fitch  
 (b) Address Poplar Bluff, Mo  
 19. (a) 1-30-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

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

2773

35

(Licensed Embalmer's Statement on Reverse Side)

MAR 19 1947

RECEIVED

District Health Office No. 2

District File Number 247-211

Date Filed 2-7-47

OCT 31 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.....

John M. Savies

Registered Apprentice No. ~~478~~ 487

working under my personal supervision.

Signed *Walter N. Fitch*

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.