

No. 2
43
1739
37823

FILED FEB 11 1947
Registration District No. 385

Primary Registration District No. 3039

Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 2 hrs (Specify whether
In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn 58
(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Dora May Jones.

(b) If veteran, name war

(c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced mar. 1c
(b) Name of husband or wife. Jasper B Jones 6. (c) Age of husband or wife if alive. 65 years
7. Birth date of deceased. February 14 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 4 hr. min.

9. Birthplace Chariton Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Valentine Etzel 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Crocker
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Jasper B Jones

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Jan 21 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation mt. Olive

18. (a) Signature of funeral director James M Daughless

(b) Address Marceline Mo

19. (a) 1-24-47 (b) L E Shelton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1947 hour 3 minute P M.
21. I hereby certify that I attended the deceased from
Jan. 18, 1947 to Jan. 18, 1947
that I last saw her ER alive on Jan 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 20 min
Due to arteriosclerotic heart disease.

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 930
Of autopsy
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature B B Hurst M. D. or other) Mo
Address Marceline Mo Date signed 1-20-47

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Keith Tillotson....., Registered Apprentice No. *438*
working under my personal supervision.

Signed..... *Dale Bunch*

Licensed Embalmer No. *4088*

P. O. Address *Marshall 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.

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-3-45
1 X 43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 385

Primary Registration District No. 3039

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Lin
(b) City or town Marceline
(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 years, months or days)

3. (a) PRINT FULL NAME Dora M. Jones

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased Feb 14 (Month) (Day) (Year)

8. AGE: Years 65 Months Days If less than one day hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) 1-24-47 (Date received local registrar) (b) Helbetton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 14 Year 1947 hour 10 minute 18 M.

21. I hereby certify that I attended the deceased from 9 to 10 1947;
that I last saw him alive on 14 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature M. R. B. H. Neal (M. D. or other) MD

Address Marceline Date signed 1-20-47

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

SUPPLEMENTARY

MOTHER FATHER

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

S-1703