

No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2062
Registrar's No. 1

Registration District No. 277

Primary Registration District No. 5948

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

1. PLACE OF DEATH
(a) County Pike
(b) City or town Ashley
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County 999
(c) City or town Chicago (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 ROSA JONES
(b) If veteran, name war X
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 30 year 1947 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race colored
6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased May 24 1964
(Month) (Day) (Year)

Immediate cause of death Heart Coronary Thrombosis Duration _____

8. AGE: Years 82 Months 7 Days 9 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 947
Of autopsy _____

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

10. Usual occupation Retired Housewife

11. Industry or business _____

12. Name Edward Robinson
13. Birthplace W. Va
(City, town, or county) (State or foreign country)

14. Maiden name Dora Knott
15. Birthplace W. Va
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Linear
(b) Address Ashley Mo.

17. (a) Rural (b) Date thereon Jan 6 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashley Mo

18. (a) Signature of funeral director Frank Bonifant
(b) Address Rowling Green Mo.

19. (a) 1/4/47 (b) Bill Robinson
(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) Means of injury 3

23. Signature S. A. Upodis (M.D. or other)
Address Louisiana Mo Date signed 1.3.47

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

254

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1947

RECEIVED
District Health Officer No. 10
District File Number 47-53
Filed JAN 27 1947

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 Grace M. Danforth

Licensed Embalmer No. 2204

P. O. Address Bombay Green, Md.

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.