S. No. 2
M—8-43
. 5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9653

State File No.

FILED MAR 28 1947

Registration District No. 1996

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Joplin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St John's O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 17 days (Specify whether years, months or days)

In this community: 82 years

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: Newton 73

(c) City or town: ~~Rural~~ Seneca 4 (If outside city or town limits, write "RURAL")

(d) Street No.: 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: —

3. (a) PRINT FULL NAME: Laura Ann Jones

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: Wid 2

6. (b) Name of husband or wife: Henry Clay Jones

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

7. Birth date of deceased: April (Month) 13 (Day) 1864 (Year)

8. AGE: Years 82 Months 10 Days 6 If less than one day hr. min.

9. Birthplace: McDonald Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Holcomb 2

13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

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

16. (a) Informant: John Bilke 1

(b) Address: Seneca, Rte #2

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

(c) Place: burial or cremation: Hornet Mo.

18. (a) Signature of funeral director: W. E. Billingsme

(b) Address: Seneca Mo

19. (a) 2-21-47 (Date received local registrar) (b) E. Lynn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1947 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feby 2 1947 to Feby 19 1947 that I last saw her alive on Feby 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia — Duration 2 days

Due to: Fracture R of hip

Caused by fall in home

Due to: Feby 2 - 47 - Fall caused by

Other conditions: Arrtero sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations: 46 A

Of autopsy: 1/8

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): accident 73

(b) Date of occurrence: Feby 2 - 47

(c) Where did injury occur? Neosho Newton Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm home (Specify type of place)

While at work? no (e) Means of injury: fall 0

23. Signature: L. H. Wilbur (M. D. or other)

Address: Joplin Mo Date signed 2/21/47

138

(Licensed Embalmer's Statement on Reverse Side)

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

ilber

47-3-186 831

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.