

V. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9788
Registrar's No. 3033

Registration District No. 170

Primary Registration District No. 3033

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution: Wallace Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: 1 1/2 days
(Specify whether in hospital or institution)

In this community entire life
(years, months or days)

3. (a) PRINT FULL NAME NANCY ADELINE JONES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Lebanon Jones

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 12, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 12
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Henry Lowery

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

14. Maiden name Thary Johnson

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

16. (a) Informant Dave Marcum (son)

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof 3-16-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Pond

18. (a) Signature of funeral director W.E. Halman

(b) Address Lebanon Mo.

19. (a) 3-22-1947 (b) Ch. Frankberger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede

(c) City or town Lebanon
(If outside city or town limits, write "RURAL")

(d) Street No. 126 Lynn
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-12 to 3-13 1947

that I last saw her alive on March 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 5 days
Bilateral

Due to Cardiac Failure ?

Due to Arterio sclerosis ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 10P

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 Wm J. Walby (M. D. or other)

Address Lebanon Mo Date signed 3/15/47

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

3
1
2

3/27/47

Received

Laclede County Health Unit

File No. 3/17/42

Date Filed 3/27/47

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.