

No. 2
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X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947
Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10451

State File No. _____
Registrar's No. 85

Primary Registration District No. 6075

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL, St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution yr. 4 mos. 22
(Specify whether _____ days)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME PINKEY (PINKY) JONES
3. (b) If veteran, name war. Unknown
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife. Alice
6. (c) Age of husband or wife, if alive _____ years
7. Birth date of deceased Sept. 1, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 15 hr. _____ min.

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

10. Usual occupation Common laborer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Removal (b) Date thereof 3-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation To Washington University, St. Louis, Mo.

18. (a) Signature of funeral director Via Miller Funeral Home

(b) Address Farmington, Missouri

19. (a) 3-26-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron
(c) City or town Annapolis
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(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 16
year 1947 hour 9 minute 0 P. M.
21. I hereby certify that I attended the deceased from October 24, 1946 to March 16, 1947
that I last saw him alive on March 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death St. John pneumonia 3 days?
Duration _____

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death) 1 yr.

Major findings: Infection with cerebral deficiency
Of operations _____

Of autopsies Chronic Myocarditis

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 Quint P. Linton (M. D. or other) _____
Address Farmington - Mo Date signed 3/27/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

347-433
3-31-47

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 not
embalmed, Registered Apprentice No. _____,
working under my personal supervision.

Signed Paul Dwyer

Licensed Embalmer No. 4120

P. O. Address Lanham, 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.