S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12784

State File No.

Registration District No. 64 Primary Registration District No. 5248 Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: 1/2 mile S. of Prairie Hill Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21

(c) City or town Rural Wayland Twp. (If outside city or town limits, write "RURAL") 0

(d) Street No. 1/2 mile S of Prairie Hill Mo. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME LUCY L. 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 Will Jones

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Nov (Month) 28th (Day) 1872 (Year)

8. AGE: Years 74 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Chariton County (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name P. M. Heston
13. Birthplace Dock Jones (City, town, or county) Virginia (State or foreign country) 1

MOTHER
14. Maiden name Lucinda Green
15. Birthplace Chariton County (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Will Jones

(b) Address Prairie Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Bennett Cemetery

18. (a) Signature of funeral director Hope & Lawrence

(b) Address Keytesville Mo.

19. (a) 4-5-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1947 hour 2 minute 55 A. M.

21. I hereby certify that I attended the deceased from July 16, 1941, to April 2, 1947; that I last saw her alive on April 2, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	45 min.
Due to Coronary sclerosis	4 yrs
Due to Generalized arterio sclerosis + hypertension	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

94A

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 F. L. Harris (M. D. or other) MD.

Address Salisbury Mo Date signed 4-5-47

55

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8.
District File Number
Date Filed 4-7-43

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, ~~only~~:

, Registered Apprentice No.

working under my personal supervision.

Signed H. D. Barnett

Licensed Embalmer No. 3046

P. O. Address Fayetteville Ma

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, above space should be left blank.