

3. No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16149**

FILED APR 24 1947

Registration District No. **341**

Primary Registration District No. **6152a**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Rural (Liberty)**
(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 _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard 103**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. # 4, Dexter, Mo.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ned Miller Jones**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (e) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Frances Jones** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Jan. 28 1906**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 2 22 hr. min.

9. Birthplace **Dexter Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ned Jones**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Myrtle Miller**
15. Birthplace **Dexter Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frances Jones**
(b) Address **R.F.D. # 4, Dexter, Mo.**

17. (c) **Burial** (b) Date thereof **4-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dexter, Cemetery**
18. (a) Signature of funeral director **Strickland-Rainey**
Dexter, Missouri
(b) Address _____

19. (a) **4/15-1947** (b) **Margaret Pruitt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **10**
year **1947**, hour **4** minute **0** P. M.

21. I hereby certify that I attended the deceased from **October 20**, 19**46**, to **9 April**, 19**47**, that I last saw him alive on **9 April**, 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Heart failure** Duration **3 mo**

Due to: **Congenital cystic disease lungs bilateral** 41 years

Due to: **Unknown**

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations: _____ Of autopsy: _____
PHYSICIAN: **J. Waddell**
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. Waddell** (M. D. or other) **MD**
Address **Dexter, Mo.** Date signed **14 April 1947**

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

RECEIVED

District Health Office No. 2;

District File Number 44-2-606

Date Filed 4-21-47

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.....

Licensed Embalmer No. 3479

P. O. Address Dayton, 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.