V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18999

State File No.

FILED JUN 5 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 230

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution 1131 Hoslamont
(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 Arkansas (b) County Randolph

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

(d) Street No. NR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lena Gertrude Jones

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August (Month) 4 (Day) 1899 (Year)

8. AGE: Years 47 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name S.L. Johnston
13. Birthplace Middlebrook (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Sally Carter
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Bud Jones
(b) Address Reyno, Ark.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Reyno, Ark.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 26 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1947 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 6, 1947, to May 25, 1947, that I last saw her alive on May 24, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Right and Left Mammary Gland

Due to Generalized Metastasis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration: One year

PHYSICIAN

Underline the cause of 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 J. Roy Compton (M. D. or other)

Address 6122 Page Blvd. Date signed 5/25/47

J. Roy Compton

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

5230

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis.

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.