

FILED JUN 20 1947

STANDARD CERTIFICATE OF DEATH

State File No. 21693

Registration District No. 227

Primary Registration District No. 5805

Registrar's No. 33

1. PLACE OF DEATH:

(a) County: Monroe  
(b) City or town: Molino, Rural  
(c) Name of hospital or institution: 1  
(d) Length of stay: In hospital or institution: 60 yrs  
In this community: 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Monroe  
(c) City or town: Molino, Rural  
(d) Street No.:  
(e) Citizen of foreign country?: No

3. (a) PRINT FULL NAME: Joseph Warren Camp Jones

3. (b) If veteran, name war: None 3. (c) Social Security No. none

4. Sex: M Color or race: W 5. Color or race: W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: May 1, 1857

8. AGE: Years 90 Months 18 Days 18

9. Birthplace: Warren Co., Missouri

10. Usual occupation: Farmer

11. Industry or business:

12. Name: Wm. Jones  
13. Birthplace: Ky.  
14. Maiden name: Sarah Jane Camp  
15. Birthplace: Ky.

16. (a) Informant: Tom Jones  
(b) Address: Molino, Missouri

17. (a) Burial (b) Date thereof: 5/21/47  
(c) Place: burial or cremation: Benton City, Cemetery

18. (a) Signature of funeral director: Elbert Baker  
(b) Address: Mexico, Missouri

19. (a) 6-12-47 (b) Elbert Baker M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May 19 day 1947 hour 19:00 minute 7 M.

21. I hereby certify that I attended the deceased from July 2 1944 to May 19 1947  
that I last saw him alive on May 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis and acute myocardial failure

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

Major findings:  
Of operations:  
Of autopsy:

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. A. Barnett (M. D. or other) MD  
Address: Paris, Mo. Date signed: 5-19-47

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

900

RECEIVED  
District Health Officer No. 10  
District File Number 647-223  
Date Filed JUN. 18-1947

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 Everett A. Neal  
Licensed Embalmer No. 4038  
P. O. Address Mexico, 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.