

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28706**

FILED AUG 19 1947

Registration District No. **277**

Primary Registration District No. **3057**

Registrar's No. **79**

1. PLACE OF DEATH:

(a) County Ray

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

(c) Name of hospital or institution:
408 North Camden St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years years, months or days)

3. (a) PRINT FULL NAME JOHN F. JONES

3. (b) If veteran, name war none

3. (c) Social Security 495-01-4728-A

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased August 4, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>1</u>	<u>19</u>	hr. _____ min.

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

10. Usual occupation Miner

11. Industry or business Coal mining

12. Name Richard Jones

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

14. Maiden name Ellen Collins

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

16. (a) Informant Mrs. Kitty Harris

(b) Address 308 3rd SW, Minot, N.D.

17. (a) Burial (b) Date thereof July 20, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Thurmond Funeral Home
(b) Address Richmond, Missouri

19. (a) July 28-47 (b) Malcolm Jackson
(Date reported local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

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

(d) Street No. 408 North Camden St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1947 hour 9:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1-5-47, 19____, to 7-23-47, 19____,
that I last saw him alive on 7-23-47, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronche-pneumonia

Due to Cancer of Prostate Gland

Due to _____

Other conditions ---
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51B

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? 0

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature Shos J. Conner (M. D. or J.D.)
Address Richmond, Mo. Date signed 7-26-47

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No: 8

District File Number.....

Date Filed 8-18-47

1947
SEP 17 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, ~~XXX~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *[Signature]*.....

Licensed Embalmer No. 2073.....

P. O. Address Richmond, 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.