S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30095

Registration District No. 340 — Primary Registration District No. 4503 — Registrar's No. 23

1. PLACE OF DEATH:

(a) County: Stoddard
(b) City or town: Bernie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H. W. Section of Bernie, Missouri (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard 103
(c) City or town: Bernie (If outside city or town limits, write "RURAL") 5
(d) Street No.: H.W. Section of Bernie, Missouri (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: GEORGE HARDWICK JONES
3. (b) If veteran, name war: Spanish American
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Minnie Lee Jones
6. (c) Age of husband or wife if alive: 63 years
7. Birth date of deceased: October (Month) 12 (Day) 1873 (Year)

8. AGE: Years 73 | Months 9 | Days 26 | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business:
MOTHER FATHER
12. Name: William Jones
13. Birthplace: Jordan Station (City, town, or county) Kentucky (State or foreign country)
14. Maiden name: Minerva Simms
15. Birthplace: unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Minnie Lee Jones
(b) Address: Bernie, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 10 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Bernie Cemetery
18. (a) Signature of funeral director: Robert Barnard
(b) Address: Bernie, Missouri
19. (a) 8-28-47 (Date received local registrar) (b) Lottie Jeffress (Registrar's signature) 8-28-47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1947 hour 1:00 minute A. M.
21. I hereby certify that I attended the deceased from January 15, 1945 to August 2, 1947 that I last saw him alive on August 2, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis and Myocardial degeneration	unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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. O. Kelly M.D. (M.D. or other)
Address: Bernie Mo Date signed 8-26-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Hear[illegible] No. 2,
District File Number 947-1121
Date Filed 9-2-47

SEP 2[illegible] 1947

OCT 22 1969

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

Ralph Beckman Ralph Beckman, Registered Apprentice No. 493,

working under my personal supervision.

Signed J. G. Schauman
J. G. Schauman

Licensed Embalmer No. 4086

P. O. Address Malden, Missouri

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.