

S. No. 2
M-2-43
5-17-39
X35897

33584

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 29 1947

Registration District No. _____

Primary Registration District No. **4001**

Registrar's No. **285**

1. PLACE OF DEATH:

(a) County **Adair**

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

(c) Name of hospital or institution:
R. R. No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether)

In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**

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

(d) Street No. **R. R. #2**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Pearl Jones**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W**

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

6. (b) Name of husband or wife **Charles Jones**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **July 17 1886**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	2	25	hr. _____ min.

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

10. Usual occupation **Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Charley Swisher**

13. Birthplace **Adair County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Lavinia Ziegler**

15. Birthplace **Adair County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Jones**

(b) Address **Novinger, Missouri**

17. (a) **Burial** (b) Date thereof **10/14/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ringo Point Cemetery**

18. (a) Signature of funeral director **D. E. R. [Signature]**

(b) Address **Kirksville, Missouri**

19. (a) **Oct 20-47** (b) **Kate Lambert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **12** year **1947** hour **6:30** minute _____ P: **M.**

21. I hereby certify that I attended the deceased from **Aug. 20-47** to **Oct 12 1947** that I last saw her alive on **Oct 12 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the liver**

Due to _____

Due to _____

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

Major findings: Of operations **WLF**

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? _____

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

23. Signature **W. E. Munn** (M. D. or other) _____

Address **Novinger, Mo** Date signed **10/15-47**

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

OCT 30 1947

RECEIVED
District Health Officer No. 10
District File Number 10-47-1448
Data Filed OCT 27 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..... *D. E. Riley*

Licensed Embalmer No. *4181*

P. O. Address..... *Kinkadee 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.