No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1948

State File No. 6556

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1610

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

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 7 days (Specify whether

In this community 13 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 916 N Newstead (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lafayette Jones

3. (b) If veteran, name war

3. (c) Social Security No. 498-01-0177

4. Sex Male 2

5. Color or race Negro

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

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

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

7. Birth date of deceased May (Month) 5 (Day) 1914 (Year)

8. AGE:

Years	Months	Days	If less than one day
33	9	11	hr. min.

9. Birthplace Clarksdale, Mississippi (City, town, or county) (State or foreign country)

10. Usual occupation Presser

11. Industry or business

FATHER
12. Name Hamilton Jones
13. Birthplace Hinds Co. Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lenzy Joiner
15. Birthplace Clarksdale, Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Lenzy Jones

(b) Address larksdale, Miss.

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

(c) Place: burial or cremation Clarksdale, Miss.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) FEB 17 1948 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1948 hour 8 minute 45 a M.

21. I hereby certify that I attended the deceased from Jan. 9, 1948, to Feb. 16, 1948 that I last saw him alive on Feb. 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced Pulmonary Tuberculosis — Duration: Undet.

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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 Oscar L Daniels (M. D. or other)

Address 2601 N Whittier Date signed 2/16/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John K. Cunningham, Registered Apprentice No. ....., working under my personal supervision.

Signed John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.