No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1948

Registration District No. 267

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9637

Primary Registration District No. 5904

Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Pemiscot

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

(c) Name of hospital or institution: Butler Twp. 1
(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 ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pemiscot 78

(c) City or town: Rural - Portageville, Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Rt #2 Box 78 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Lena Jones

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex: Female

5. Color or race: Black

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

6. (b) Name of husband or wife: Eddie Jones

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: July (Month) 10 (Day) 1902 (Year)

8. AGE: Years 45 | Months 8 | Days 18 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: housework

11. Industry or business

FATHER
12. Name: don't know 9
13. Birthplace: 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: 9
15. Birthplace: 9
(City, town, or county) (State or foreign country)

16. (a) Informant: James Adkins
(b) Address: Box # 2-78 Portageville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville, Mo

18. (a) Signature of funeral director
(b) Address

19. (a) 4-10-48 (Date received local registrar) (b) John W. Gorman (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1948 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from 7-21-47, 19__, to 3-16, 1948; that I last saw her alive on 3-16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: acidosis - uremia — Duration

Due to: nephritis - infection (interstitial)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: none performed

32

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

ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

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: 0

23. Signature: Park C. Mullen (M. D. or other) M.D.

Address: Box 56 Portageville Mo Date signed: 3-29-48

(Licensed Embalmer's Statement on Reverse Side)

4-48-119

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 Joseph A. De Lisle

Licensed Embalmer No. 4481

P. O. Address Portageville 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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 267 Primary Registration District No. 5984 Registrar's No. 26

SUPPLEMENTARY

1. PLACE OF DEATH

(a) County Pemiscot

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lena Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race B

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 10 (Day) 1890 (Year)

8. AGE: Years 45 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 28 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from 2-21 1947, to 3-29 1948 that I last saw him alive on 3-8 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: uremia-acidosis	
Due to arteriolonephrosclerosis hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations none OK

Of autopsy none performed

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 Park C. Mullen M.D. (M. D. or other)

Address Box 56 Portageville Date signed 4-20-48

5-9637