

No. 2  
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X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10331  
3223  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Marys Infirmary  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Michigan (b) County Pontiac  
(c) City or town Pontiac  
(d) Street No. 2924 Sheridan Utah  
21 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DAVID WESLEY JONES  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec-9-1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 20  
hr. min.

Birthplace Pontiac Mich Missouri  
(City, town, or county) (State or foreign country)

Usual occupation none  
11. Industry or business none

12. Name Robert Wesley Jones

13. Birthplace Mississippi Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Lee Farkett  
James - 1

15. Birthplace Mississippi Missouri  
(City, town, or county) (State or foreign country)

(a) Informant Mrs Jones (mother) Mary Lee  
(b) Address 2924 Sheridan

(a) Burial (b) Date thereof 4/9/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Andrew Bruck  
(b) Address 212 Carole  
19. (a) APR 3 1948 (b) J. F. Bruck  
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29  
year 1948 hour 1 minute 30 M.  
21. I hereby certify that I attended the deceased from 3/20 1948 to 3/29 1948  
that I last saw him alive on 3/29 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Branchio-Pneumonia  
Primary  
Duration 10 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations no  
Of autopsy no  
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) \_\_\_\_\_ (Means of injury)  
23. Signature J. F. Bruck (M. D. or other) \_\_\_\_\_  
Address 212 Carole Date signed 4/14/48

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

COPY BY MAILER APR 6 1948  
JUNE 6 1948  
ST. LOUIS

*Embalmer's separate Cert filed*

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of ..... }  
County of ..... } ss.

State File No. ....  
Local Registrar's No. 3223

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears.....

....., who, upon ..... oath, states that the original record of birth  
for Dani Wesley Jones died 3-29-48, 19....., in the State of  
born ..... Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 9 should read Pontiac Mich.  
Instead of Missouri

Item No. 13 should read Mississippi  
Instead of Missouri

Item No. 14 should read May Lee Rarkett  
Instead of " " Parkett

Item No. 15 should read Mississippi  
Instead of Missouri

Item No. 16<sup>a</sup> should read Mrs. May Lee Jones  
Instead of " Jones

Item No. 2<sup>d</sup> should read Michigan  
Instead of Missouri

Item No. 2<sup>e</sup> should read Pontiac  
Instead of St. Louis

Item No. 2<sup>f</sup> should read 64 Vtch  
Instead of 2928 Sherclaw

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant May Lee Jones Inf.  
Relationship.

2928 Sherclaw Ave  
Present Address.

Subscribed and sworn to before me this 16 day of April, 1948

My Commission expires 3-4-49.  
Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-10331