S. No. 2
OM—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11231

Registration District No. 334 Primary Registration District No. 6149 Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Stoddard
(b) City or town: Rural New Bloomfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Stoddard
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Near Dexter Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cordelia Adeline Jones
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Ben Jones
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. 10 (Month) 1864 (Year)

8. AGE: Years 83 Months 3 Days 29 If less than one day hr. min.

9. Birthplace: Near Advance (City, town or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Samuel Rhodes
13. Birthplace: Not Known (City, town, or county) (State or foreign country)
14. Maiden name: Harriet McBee
15. Birthplace: Cape Girardeau Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Willie Brum
(b) Address: Dexter, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 11, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Kimbrel Cemetery
18. (a) Signature of funeral director: Floyd S. Morgan
(b) Address: Advance, Mo.
19. (a) 3-15-48 (Date received local registrar) (b) Floyd Morgan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 9 year 1948 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1945, to Mar. 9, 1948; that I last saw her alive on Mar. 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Senility
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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? (f) Means of injury:
23. Signature: E. C. Masters (M. D. or other) D.O.
Address: Advance, Mo. Date signed 3-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 4-44-466
Date Filed 4-8-49

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 Ira E. Meadows, Registered Apprentice No. 427, working under my personal supervision.

Signed Floyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Oldtown Me.

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.