

No. 300
4-10-47
5-17-39
1 3904

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

16917

State File No. _____

FILED MAY 21 1948
Registration District No. _____

Primary Registration District No. 5684

Registrar's No. 608

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
3 miles west of Chillicothe
(If not in hospital or institution, write street number or location)

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

In this community 4 years
years, months or days

3: (a) PRINT FULL NAME Clifford Jones

3. (b) If veteran, name war World War II

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alice Dean Jones

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased April 19 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

36 0 20 hr. _____ min.

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

10. Usual occupation Taxicab operator

11. Industry or business _____

MOTHER FATHER { 12. Name Tol Jones

{ 13. Birthplace Wright County, Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Gertrude Kimbrough

{ 15. Birthplace Wright County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clifford Jones

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 5-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mooresville Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) May-8-48 (b) Francis B Neill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 1212 Third Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from after death
_____ 19____, to _____ 19____;

that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Sunshot wound thru heart

Due to Sunshot

Due to _____

Other conditions 40
(Include pregnancy within 3 months of death)

Major findings: 16

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) Suicide

(b) Date of occurrence May 8, 1948

(c) Where did injury occur? Rural - Hampton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On country Road

While at work? No (Specify type of place) (e) Means of injury Shotgun
(Motor or other)

23. Signature Lee Meade - Hampton County Coroner
Address Chillicothe Mo Date signed May 8, 1948

JUN 10 1946

DISTRICT HEALTH OFFICE
Cameron, Mo.

MAY 25 1946

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri.

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.