

FILED JUL 21 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22322

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 222

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Poplar Bluff
 (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)

3. (a) PRINT FULL NAME Margaret Louisa Jones3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color of race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Soloman F. Jones 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Dec. 28 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 5 5 _____ hr. _____ min.

9. Birthplace Dent, Co. Missouri (City, town, or county) (State or foreign country) 010. Usual occupation Housekeeper

MOTHER FATHER

11. Industry or business _____
 12. Name Joseph M. Stephenson
 13. Birthplace Ky. (City, town, or county) (State or foreign country) 1
 14. Maiden name Katherine Cox (State or foreign country)
 15. Birthplace Tenn. (City, town, or county) (State or foreign country) 1

16. (a) Informant Dr. C.H. Jones
 (b) Address Piedmont, Missouri

17. (a) Burial (b) Date thereof 6/5/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Brewington, Cemetary

18. (a) Signature of funeral director William Cook
 (b) Address Piedmont, Missouri

19. (a) 7-13-48 (b) B. W. Minette
 (Date received local registrar) (Registrar's signature) 2 F

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 111
 (c) City or town Brunot (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 1
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to General arteriosclerosis

Due to _____

Other conditions Lobar pneumonia
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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)
 (e) Means of injury 0
 23. Signature John Oldenreich (M. D. or other)
 Address Poplar Bluff, Mo Date signed 6-14-48

RECEIVED

District Health Office No. 2,

District File Number 248-907

Date Filed 7-19-68

MS
JUL 12 1968

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.....

Coder Funeral Home

....., Registered Apprentice No.

working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.