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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27322

Registration District No. 290

Primary Registration District No. 4127

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Waynesville General Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 1 day  
years, months or days)

3. (a) PRINT FULL NAME Dorothy Mae Jones

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced child  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 16 1938  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
10 3 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation child

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Sidney Wilbert Jones

13. Birthplace Rolla Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Josephine Miller

15. Birthplace Lacoma Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sidney Jones

(b) Address Rolla, Mo.

17. (a) removal (b) Date thereof 8-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Null & Sons F. H.

(b) Address Rolla, Missouri

19. (a) 9-1-48 (b) Shelma C. Buckthorpe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps 71  
(c) City or town Rolla 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 105 State 9  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30  
year 1948 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from 8-22 1948 to 8-30 1948  
that I last saw her alive on 8-30 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death tetanus Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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 \_\_\_\_\_

23. Signature H. H. Davis M.D. (M. D. or other)

Address Rolla Mo Date signed 9/1/48

**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..... *Paul E. Gull*

Licensed Embalmer No. *4498*

P. O. Address..... *Rolla*

**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.**