No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27875

FILED AUG 23 1948
Registration District No. 3

Primary Registration District No. 1003

Registrar's No. 6998

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PEOPLE HOSPITAL
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: 096
(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL") 0
(d) Street No.: ROBERTSVILLE MO. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) N.R.
If yes, name country

3. (a) PRINT FULL NAME: MELTON F. JONES
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: COL
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MARIE JONES
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: JULY (Month) 4 (Day) 1893 (Year)
8. AGE: Years 55 Months 1 Days 3 If less than one day hr. min.
9. Birthplace: (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation: FARM.
11. Industry or business
FATHER
12. Name: TIMOTHY JONES
13. Birthplace: (City, town, or county) MO (State or foreign country) 0
MOTHER
14. Maiden name: JENNIE WADE
15. Birthplace: (City, town, or county) MO. (State or foreign country) 0
16. (a) Informant: MARIE JONES
(b) Address: ROBERTSVILLE MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Aug 13/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Robertsville Mo.
18. (a) Signature of funeral director: F. A. GREEN
(b) Address: 4214 DELMAR BLVD
19. (a) AUG 10 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 7 year 1948 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from Aug 3 1948 to Aug 5 1948 that I last saw him alive on Aug 4 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure - Chr Myoc.	
Due to: Arteriosclerosis generalized	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (e) Means of injury
23. Signature: [signature] (M. D. or other)
Address: 3903 Olive St. Date signed: 8-9-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3903 Clove St.
L. K. Beasley.

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 F. C. Geller

Licensed Embalmer No. 2963

P. O. Address 4214 Delmar Blvd

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.