No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33855

Registration District No. 316 — Primary Registration District No. 6075 — Registrar's No. 339

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital No. 4 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 29 yrs. 4 mos. 8 das. (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington 110
(c) City or town Potosi (If outside city or town limits, write "RURAL")
(d) Street No. Unknown (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Kendell Jones
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 23 (Day) 1892 (Year)

8. AGE: Years 56 Months 3 Days 00 If less than one day ..... hr. ..... min.

9. Birthplace New York (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Wm. G. Jones
13. Birthplace Mountain Grove Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eva Kendell
15. Birthplace Potosi Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Arthur Reihl
(b) Address Potosi Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Potosi Mo.
18. (a) Signature of funeral director Mrs Luther Sparks
(b) Address Potosi Mo.
19. (a) 10-29-48 (Date received local registrar) (b) Esther Ruddoff (Registrar's signature) 289

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 19, 1948, 19..., to Oct. 23, 1948, 19...; that I last saw him alive on Oct. 23, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral pulmonary tuberculosis	8 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Epileptic psychosis.	
Major findings: Of operations	
Of autopsy: No 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 John [illegible] M.D. (M.D. or other)
Address Farmington, Missouri Date signed 10-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1148-135

Date Filed 11-1-48

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 Murphy L Sparks

Licensed Embalmer No. 4234

P. O. Address Flat River, Mo

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.