V. S. No. 2
00M—5-43
ev. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39479

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 409

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rural — Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles South on Black River
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Poplar Bluff (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Rural — Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles South on Black River
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Effie Lee Jones
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm. M. Jones
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Oct. 19, 1871 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	1	22	hr. min.

9. Birthplace Lincoln County, Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business At home
FATHER 12. Name David Jewell
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Victoria Parson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Wm. M. Jones
(b) Address R.1 — Poplar Bluff, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Parkman — Butler Co., Mo
18. (a) Signature of funeral director Frank Cotnell
(b) Address Poplar Bluff, Mo
19. (a) 12-17-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1948 hour 6:32 minute P. M.
21. I hereby certify that I attended the deceased from 1 Dec 1948 to 11 Dec 1948; that I last saw her alive on 10 Dec 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arteriosclerosis and Hypertension	?
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (Attending physician or other)
Address Poplar Bluff, Mo. Date signed 17 Dec 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 12-48-1620
Date Filed 12-20-48

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 John M. Davies, Registered Apprentice No. 249, working under my personal supervision.

Signed Scott A. Cottrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.