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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41052

Registration District No. 276

Primary Registration District No. 5945

Registrar's No. 60

1. PLACE OF DEATH
(a) County Phelps Dillon
(b) City or town Rural St James Township
(c) Name of hospital or institution: Farnside Nursing Home
(d) Length of stay: In hospital or institution 8 years
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Phelps
(c) City or town Rural St James
(d) Street No. Dillon Camp
(e) Citizen of foreign country? NO

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 21 year 1948 hour minute M.

4. Sex M Color or race W
6. (b) Name of husband or wife
7. Birth date of deceased 1862

21. I hereby certify that I attended the deceased from March 25, 1945 to November 21, 1948 that I last saw him alive on November 20, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death: Chronic lung condition 3 years, Nephritis 2 years

8. AGE: Years 86 Months Days If less than one day hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy ASD

9. Birthplace MO
10. Usual occupation Labor

11. Industry or business
12. Name Dent Knud
13. Birthplace
14. Maiden name
15. Birthplace

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Farnside Nursing Home
(b) Address St James Mo. R.
17. (a) Burial, cremation, or removal
(b) Date thereof 11-24-48

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place of burial or cremation St James
18. (a) Signature of funeral director
(b) Address St James Mo
19. (a) Date received local registrar Dec 31-48 (b) Registrar's signature

(Specify type of place) While at work? (e) Means of injury
23. Signature C. J. Annis (M. D.)
Address St James Mo Date signed 11.6.48

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed _____

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 _____

_____ *me* _____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. *3191*

P. O. Address *St James, 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.