No. 300
10.48

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2077

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville Rural L.P. Twp.
c. LENGTH OF STAY (In this place): 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caruthersville Rural
d. STREET ADDRESS (If rural, give location): Rural Route 1 L.P. Twp.

3. NAME OF DECEASED (Type or Print)
a. (First): Hubie
b. (Middle): Lee
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1949

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): X U
8. DATE OF BIRTH: Jan. 28, 1948
9. AGE (In years last birthday): 1. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): X
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (State or foreign country): Isola, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Fred Jones
13b. MOTHER'S MAIDEN NAME: Ora Washington
14. NAME OF HUSBAND OR WIFE: X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Fred Jones
ADDRESS: Caruthersville, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Lobar — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Sup. Report

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
ADDITIONAL SUPPLEMENTARY INFORMATION
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Feb 3, 1949, *to* Feb 4, 1949, *that I last saw the deceased alive on* Feb 4, 1949, *and that death occurred at* 6A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Caruthersville, Mo.
23c. DATE SIGNED: Feb. 5, 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 5, 1949
24c. NAME OF CEMETERY OR CREMATORY: Morgan Ridge Cem.
24d. LOCATION (City, town, or county) (State): Caruthersville, Mo.

DATE REC'D BY LOCAL REG.: Feb 7, 1949
REGISTRAR'S SIGNATURE: Jessie B. Wilkins 247
25. FUNERAL DIRECTOR'S SIGNATURE: H. S. Smith Fun. Home
ADDRESS: Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

2-49-51

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 .....
Body was Not Embalmed ..... Student Embalmer No. .....
working under my personal supervision.

Signed .....

Signed .....
Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.