

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5330

49

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 5581 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Joplin (rural) # 3</u> LENGTH OF STAY (in this place) <u>4 Yrs.</u>		c. CITY OR TOWN <u>Joplin (rural) # 3 Box # 248</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Lone Elm</u>		d. STREET ADDRESS (If rural, give location) <u>North of Lone Elm</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Rufus</u> c. (Last) <u>JONES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 11, 1892</u>
9. AGE (In years last birthday) <u>56</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Miner</u>	11. BIRTHPLACE (State or foreign country) <u>Pierce City, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>Marjorie Jones</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W. # 1</u>		16. SOCIAL SECURITY NO. <u>496-03-1378</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marjorie Jones Joplin Rt 3 Missouri</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Pt Labor Pneumonia</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>2-16</u> ^{19<u>49</u>} to <u>2-21</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-21</u> , 19 <u>49</u> , and that death occurred at <u>10:00p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. L. Crawford md</u> (Degree or title)		23b. ADDRESS <u>Joplin, Mo</u>	23c. DATE SIGNED <u>2/23/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 25, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-25-49</u>	REGISTRAR'S SIGNATURE <u>Ray Saltschamps</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mort. Joplin, Mo.</u>	

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

49-2-169

MAR 18 1949

MAR 4 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jesse O. Sullivan

Licensed Embalmer No. 4646

P. O. Address Joplin 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.