

263

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 5302 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Henley Rural Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Henley Rural Clark</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Henley Rural Clark</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>EDWARD</u> (Type or Print)		b. (Middle) <u>LEE</u>	
		c. (Last) <u>JONES</u>	
4. DATE OF DEATH <u>MAR. 14-1949</u> (Month) (Day) (Year)		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>MAY 15 1881</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Henley Mo.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Dave Jones</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Carringer Henley Mo</u> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo 17 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Central Hemorrhage Nov 2, 1948</u>	
		DUE TO (c) <u>Nephritis &amp; Hypertension</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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)		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>Nov 2</u> , 19 <u>48</u> , to <u>3-14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-13</u> , 19 <u>49</u> , and that death occurred at <u>2 9: m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Geo. H. Shirley M.D. (1)</u> (Degree or title)		23b. ADDRESS <u>Engene Mo.</u>	
23c. DATE SIGNED <u>3/14/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAR. 15-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>HICKORY HILL CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Engene Mo</u>	
DATE REC'D BY LOCAL REG. <u>march 15-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. T. L. Glover</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Steffens</u>		ADDRESS <u>Russell Mo</u>	

RECEIVED  
District Health Officer No. 9,  
District No. 11  
MAR 22 1949  
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 \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *J. M. Steffens*  
Licensed Embalmer No. 2307  
P. O. Address Russellville, 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.