

FILED APR 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11661

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 5143 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio b. COUNTY 949	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler Co. 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cleveland 33	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aboard Mo. Pac. Train		d. STREET ADDRESS (If rural, give location) 2617 E 71 St. 2	

3. NAME OF DECEASED (Type or Print) Anthony Jones			4. DATE OF DEATH April 10 20 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced 2	8. DATE OF BIRTH Exact Unknown	9. AGE (In years last birthday) 58	10. UNDER 1 YEAR Months	11. UNDER 2 WKS. Hours	12. UNDER 2 WKS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Steel	11. BIRTHPLACE (State or foreign country) North Carolina /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bessie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 294 01 9056	17. INFORMANT'S SIGNATURE OR NAME Identification Cards	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastric Hemorrhage		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Apparently carcinomatous in origin		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Simultaneous perforation Stomach Wall DUE TO (c) precipitated by Tumor Mass 151X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Right Hydronephrosis and Abdominal peritoneal	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Greer W. Green, coronator 3	23b. ADDRESS Poplar Bluff, Mo	23c. DATE SIGNED 4/13/49
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 4/13/49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Cleveland, Ohio
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DATE REC'D BY LOCAL REG. APR 20, 1949	REGISTRAR'S SIGNATURE W.H. Johnson by Clara E. Johnson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Greer Croy & Fitch, Poplar Bluff, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 REC'D

BUTLER COUNTY HEALTH CENTER

449-66

4-25-49

MAY 19 1949

NOV 14 1950

DEC 5 1950

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.

Signed Wallace N. Fitch

Signed.....  
Student Embalmer

Licensed Embalmer No. 3859

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.