

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22619

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 865					
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 12 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph							
d. FULL NAME OF HOSPITAL OR INSTITUTION 5328 S. 2nd Street				d. STREET ADDRESS (If rural, give location) 5328 S. 2nd Street							
3. NAME OF DECEASED (Type or Print) a. (First) Flavel b. (Middle) Obeverley c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) August 8, 1949								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 10, 1904					
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee			10b. KIND OF BUSINESS OR INDUSTRY Los Angeles Motor Coach CO.		11. BIRTHPLACE (State or foreign country) Beggs, Oklahoma.		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Z.G. Jones			13b. MOTHER'S MAIDEN NAME Musie Brown			14. NAME OF HUSBAND OR WIFE Johanna Jones St. Joseph, Mo.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If you give war or dates of service) ***** None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Johanna Jones St. Joseph, Mo.				ADDRESS			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Shot Unknown 202X			
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) (Min.)		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 Aug 8, 1949 to Aug 8, 1949, that I last saw the deceased alive on Aug 8, 1949 and that death occurred at 3:45A m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) M. Robt M.D. O				23b. ADDRESS 228 ILLINOIS Ave St. Joseph			23c. DATE SIGNED Aug 8-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 10, 1949		24c. NAME OF CEMETERY OR CREMATORY Armstrong Cemetery		24d. LOCATION (City, town, or locality) (State) Rushville, Mo.					
DATE REC'D BY LOCAL REG. Aug. 9, 1949		REGISTRAR'S SIGNATURE E. B. Jenkins 382			GENERAL DIRECTOR'S SIGNATURE Walter Neerhoff			ADDRESS 1946 Colhoun St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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 *Robert C. Harrington*
Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri

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.