

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29647

State File No.

DECEASED AUG 15 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7169**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 22-9	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		e. STREET ADDRESS (If rural, give location) 2709A Hickory	
3. NAME OF DECEASED (Type or Print) Willis		a. (First) Willis b. (Middle) Jones Jr. c. (Last) Jones Jr.	
5. SEX M	6. COLOR OR RACE 2 Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1889
9. AGE (In years last birthday) 62		10. MONTHS 8	11. DATE OF DEATH (Month) (Day) (Year) 7 - 23 - 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder		10b. KIND OF BUSINESS OR INDUSTRY Scullins Steel	
11. BIRTHPLACE (City and State or Foreign Country) Columbus, Mississippi		12. CITIZEN OF WHAT COUNTRY? /	
13a. FATHER'S NAME Willis Jones Sr.		13b. MOTHER'S MAIDEN NAME Laura Wilson	
14. NAME OF HUSBAND OR WIFE Hattie Wren Jones		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Hattie Wren Jones	
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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach, Interstitial nephritis Uremia few days to 7/9/52 7/23/52 INTERVAL BETWEEN ONSET AND 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 151X		22. I hereby certify that I attended the deceased from 7/9/52 , 19 52 , to 7/23/52 , 19 52 , that I last saw the deceased alive on 7/23/52 , 19 52 , and that death occurred at 1:50 A. m., from the causes and on the date stated above.	
23a. SIGNATURE Erskine D. Hanson		23b. ADDRESS 3100a Lucas Ave.	
23c. DATE SIGNED 7/25/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE July 26, 1952		24c. NAME OF CEMETERY OR CREMATORY Sykes Funeral Home	
24d. LOCATION (City, town, or county) (State) Columbus, Mississippi		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Krane	
DATE REC'D BY LOCAL REG. JUL 26 1952		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	

WRITE PLAINLY—USING UNFADING 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 *Clarence Crossen*

Licensed Embalmer No. 47515

P. O. Address 1221 N. ...

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
City of St. Louis } ss.

State File No. 2964752
Local Registrar's No. 7169

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of Nov., 1952, before me appears.....

Hattie Wren, who, upon her oath, states that the original record of ~~birth~~ death
for Willis Jones, Jr. died July 23, 1952 in the State of
~~birth~~ Missouri, and which was filed at St. Louis, Mo. on July 26, 1952, should be corrected as follows:

Item No. 14 should read -----

Instead of Hattie Wren Jones

Item No. 17 should read Hattie Wren--2709a Hickory

Instead of Hattie Wren Jones

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Hattie Wren Informant
Relationship.

2709a Hickory, St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 1st day of November, 1952

My Commission expires 3-4-53
Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S-29697

1952