

15 1941

SEP 15 1941

STANDARD CERTIFICATE OF DEATH

State File No.

28423

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton

(c) Name of hospital or institution: Wegert South Room
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether)

In this community all life
years, months or days

3. (a) PRINT-
FULL NAME

CHARLES ERVIN JONES

3. (b) If veteran,
name war3. (c) Social Security
No. 496-10-91444. Sex male5. Color or
race white6. (a) Single, widowed, married,
divorced widow

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

July
(Month)19
(Day)1884
(Year)

8. AGE:

Years

Months

Days

If less than one day

57118

hr.

min.

9. Birthplace

Clinton
(City, town, or county)MO
(State or foreign country)

10. Usual occupation

Miner

11. Industry or business

12. Name Corn DAVID JONES

13. Birthplace

Ind 1
(City, town, or county) (State or foreign country)

14. Maiden name

SARAH F. CASHMAN
(City, town, or county) (State or foreign country)

15. Birthplace

Shanghai
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Carter PEAK

(b) Address

CLINTON MO

17. (a)

burial
(Burial, cremation, or removal)

(b) Date thereof

8-10-41
(Month) (Day) (Year)

(c) Place: burial or cremation

Englewood

18. (a) Signature of funeral director

Consuelo H. Peak

(b) Address

Clinton MO

19. (a)

8-28-41
(Date received local registrar)

(b)

[Signature]
(Registrar's signature)

210 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry

(c) City or town Clinton MO
(If outside city or town limits, write "RURAL")

(d) Street No. 529 S Carter st
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5-41
year 1941 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from July 20
1941 to Aug 5, 1941
that I last saw him alive on Aug 5, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
myocardial infarction
arteriosclerosis
Due to hypertension, arteriosclerosis
Duration unknown

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Clinton MO Date signed 8/9/41

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1667

Date Filed 9-11-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

J. E. Bonnell

Licensed Embalmer No. 1891

P. O. Address Charleston W. Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.