

BUREAU OF THE CENSUS
FILED JUN 10 1942

State File No. _____

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. 12333

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton mo

(c) Name of hospital or institution: Clinton Rural Hospit 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community all life
years, months or days)

3. (a) PRINT FULL NAME HARRY JONES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race whit

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bessie Jones

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan 26 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 27
If less than one day hr. _____ min. _____

9. Birthplace Henry Co mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Richard Jones

13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hoopes

15. Birthplace St Louis Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Bessie Jones

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 5 27 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalus Beck

(b) Address Clinton mo

19. (a) May 25 1942 (b) Georgia Kitchener
(Date of local registrar) (Registrar's signature)

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. RR
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1942 hour 8 minute 20 M.

21. I hereby certify that I attended the deceased from May 21 1942 to May 23 1942
that I last saw him alive on May 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia pulmonary edema 1 day

Due to: Inhalation of Kerane 2 days

Due to: _____

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) accident 042

(b) Date of occurrence May 21 1942

(c) Where did injury occur? Clinton Henry mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
While at work? yes (Specify type of place) Inhalation of D
(e) Means of injury Heroin

23. Signature J.B. Hughes (M. D. or other) J.B.
Address Clinton, Mo Date signed May 25 1942

Duration

1 day

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 6-42-573

Date Filed 6-8-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.