DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 31 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28725

Registration District No. 352 — Primary Registration District No. 6191 — Registrar's No. 14

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Reeds Spring, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stone
(c) City or town Reeds Spring-Rural (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ira Becket Jones
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lola May Jones
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased January (Month) 29 (Day) 1887 (Year)

8. AGE: Years 58 | Months 4 | Days 10 | If less than one day ..... hr. ..... min.

9. Birthplace Aurora Mo. Lawrence Co. (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business .....

FATHER
12. Name George Thomas Jones
13. Birthplace Cole Co. Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Jones
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ellen C. Rantz
(b) Address Reeds Spring, Missouri
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof May 15 '45 (Month) (Day) (Year)
(c) Place: burial cremation Ozen Lawn Cemetery Reeds Spring Mo.
18. (a) Signature of funeral director R. O. Whelchel
(b) Address Branson Mo.
19. (a) May 15 45 (Date received local registrar) (b) Mary Mueller (Registrar's signature)

110 b (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1945 hour 5 A.M. minute ..... M.
21. I hereby certify that I attended the deceased from May 5th, 1945 to May 9th, 1945 that I last saw him alive on May 9th, 1945 and that death occurred on the date and hour stated above.

Cause	Duration
Immediate cause of death: Mitral insufficiebcy	
Due to: Don't know	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: C.P.K.	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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 Yes or No) (e) Manner of injury .....

23. Signature W. P. Cottrell (M. D. or other)
Address Reeds Spring, Mo. Date signed .....

RECEIVED
District Health Officer No. 6
District File Number 845-938
Date Filed AUG 28 1945

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 Minnie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Brunson 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.