

NOV 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH, MO. (No. 5622 SOUTH THIRD STREET,)

Registration District No. 85
Primary Registration District No. 1001

File No. 35190
Registered No. 1086

2. FULL NAME ALICE ALONA JONES

(a) Residence, No. 5622 SOUTH THIRD ST. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEM 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRANK JONES,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 5, 1977

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 0 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DEKALB COUNTY, MISSOURI

FATHER 13. NAME ISAAC LONG

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LANCASTER, PA

MOTHER 15. MAIDEN NAME BARBARA WHEELER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LANCASTER, PA.

17. INFORMANT (ADDRESS) MRS. FRANCES COWING, 5626 SO. 3RD ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE RIDGEVILLE, CEM. DATE OCT. 31, 1938

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 10/31 38 A. J. Matthews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Oct 27, 1938

I last saw HER alive on Oct. 25, 1938 Death is said

to have occurred on the date stated above, at 5:20 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 10/1/38

Other contributory causes of importance: Fracture-dislocation lt. humerus 8/1/38
Arterio-sclerosis ?

Name of operation None Date of _____

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 10/1/38

Where did injury occur? House St. Joseph Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell down stairs

Nature of injury Fracture of lt. shoulder

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify M. H. Tally (Signed) M. D.

(Address) Corby Bldg. St. Joseph Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by MYSELF

or by _____ Registered Apprentice No. _____

(Signed)

John E. Rupp

Licensed Embalmer No. 3986

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with this rule is a violation of the regulations governing the practice of Embalming.)