

5508

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 160

FILED JAN 10 1944

Registration District No. 150

Primary Registration District No. 4239

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Leis Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution
100 West 1st St
(If not in hospital or institution, write street number or location)

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

In this community 50 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Leis Summit
(If outside city or town limits, write "RURAL")

(d) Street No. 100 W. 1st Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena T. Jones

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th
year 1943 hour 6 - minute 0 - AM

4. Sex F

5. Color or race W

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

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

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

7. Birth date of deceased Feb 1 - 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-10 1943 to 12-16 1943 that I last saw her alive on 12-15 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 10 Days 15 If less than one day hr. min.

Immediate cause of death: Influenza, Chronic Myocarditis

Due to _____

Due to _____

9. Birthplace Lexington Mo. (City, town or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Home Work

11. Industry or business Home

12. Name Thomas Libbo

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

14. Maiden name Elizabeth Jones

15. Birthplace Lexington Mo. (City, town or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Maude Cleveland

(b) Address 111 W. 5th Leis Summit Mo.

17. (a) Burial (b) Date thereof 12-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo

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? _____

18. (a) Signature of funeral director N. B. Langford

(b) Address Leis Summit Mo

19. (a) Dec. 17, 1943 (b) J. M. Schick (c) J. M. Schick
(Date received local registrar) (Registrar's signature)

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

3. Signature _____ (M. D. or other) _____
Address _____ Date signed 12/17/43

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

MOTHER FATHER

111-2-

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 N. B. Langford

Licensed Embalmer No. 9833

P. O. Address Leis Summit 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.