

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED AUG 20 1946 STANDARD CERTIFICATE OF DEATH**

State File No. 27475

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Jasper

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

(c) Name of hospital or institution: Freeman Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

In this community 19 yrs Webb City, Missouri

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City, Missouri 6  
(If outside city or town limits, write "RURAL")

(d) Street No. 1115 S. Madison 2  
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Alzwona Jones

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Y

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

6. (b) Name of husband or wife Emory B. Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 19 1870  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>		hr. min.

9. Birthplace Dayton Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Charles Garlinger

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

14. Maiden name Elysbeth Shoup

15. Birthplace Dayton Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Husband Emory B. Jones

(b) Address 1115 S. Madison Webb City Mo

17. (a) Burial (b) Date thereof July 27, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cem. Carthage

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City, Missouri

19. (a) 8-5-46 (b) Ed D. James  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 25  
year 1946 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 12  
1946 to July 25, 1946  
that I last saw her alive on July 24, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 6 days

Due to general toxemia over 6 days

Due to Chronic nephritis over 1 yr

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
1 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) (a) Means of injury 0

23. Signature J. S. Phillips (M. D. or other) \_\_\_\_\_

Address Joplin Mo Date signed Aug 2, 46

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

138 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
26214

46-7-675

AUG 10 1957

**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..... *E. D. Hedge* .....

Licensed Embalmer No. *785-9* .....

P. O. Address..... *Hedge Co.* .....

**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.**