

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2250

State File No. _____

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Clay

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

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

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

In this community 40 yrs.

3. (a) PRINT FULL NAME Joseph Jones

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Cook

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs. Joseph Jones

(b) Address Liberty, Mo.

17. (a) Burial (b) Date thereof Jan 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harwood Cem. Liberty Mo.

18. (a) Signature of funeral director Church & Co.

(b) Address 117 N. Water, Liberty, Mo.

19. (a) Jan 6 41 (b) W. E. Early
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay

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

(d) Street No. 415 N. Gallatin
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4
year 1941 hour 9:05 minute 30 P. M.

21. I hereby certify that I attended the deceased from Coroner case, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death Duration _____

Due to House Fire

Due to _____

Other conditions _____
(Include pregnancy within 5 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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) accident

(b) Date of occurrence 1-4-1941

(c) Where did injury occur? Liberty Clay Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

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

23. Signature P. W. Crother (M. D. or other) Coroner

Address Geleson Springs Mo. Date signed 1-4-41

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.

RECEIVED
District Health Officer No. 8,
District File Number
2-12-41
Date Filed

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 not
too badly burned, _____, Registered Apprentice No. _____
~~working under my personal supervision~~

Signed Edgar Archer
Licensed Embalmer No. 3311
P. O. Address Liberty, 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, above space should be left blank.