DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11298

Registration District No. 3458 Primary Registration District No. 3059 Registrar's No. 79

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Ten days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 94
(a) State Missouri (b) County St. Francois O
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. Fourth Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Ernest F. 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 Carrie Jones
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased September (Month) 30th (Day) 1913 (Year)

8. AGE: Years 29 Months 4 Days 24 If less than one day hr. min.

9. Birthplace Franklay (City, town, or county) Missouri O (State or foreign country)
10. Usual occupation Leadminer
11. Industry or business St. Loseph Lead Co.

MOTHER FATHER
12. Name Frederick Jones
13. Birthplace (City, town, or county) Missouri O (State or foreign country)
14. Maiden name Elizabeth Bockenkamp
15. Birthplace (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant Mrs. Carrie Jones
(b) Address Desloge, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Francois Memorial Park
18. (a) Signature of funeral director Benham Undertaking Co.
(b) Address Bonne Terre, Missouri
19. (a) March 3 1943 (Date received local registrar) (b) Byrdia Buhrmester (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th year 1943 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from 2-14, 1943 to 2-24, 1943; that I last saw h— alive on 2-24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: streptococcic septicemia	12 d
Due to: streptococcic throat infection	
Due to:	
Other conditions (Include pregnancy within 3 months of death): acute endocarditis & hemorrhagic nephritis	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W O Hall O (M. D. or Other)
Address Desloge Mo Date signed 3-1-43

1196

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 443-1983

Date Filed 4-5-43

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~~

Eleuan Province, ~~Registered Apprentice No.~~

~~working under my personal supervision~~

Signed Eleuan Province

Licensed Embalmer No. 3403

P. O. Address Bonne Terre, 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.