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FILED JUL 15 1940

State File No. \_\_\_\_\_

Registration District No. 115

Primary Registration District No. 6020-A

Registrar's No. 50

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Booneville  
(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 \_\_\_\_\_)  
In this community 58 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Booneville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 53 mound  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ELIZABETH MALINDA JONES

8. (b) If veteran, name war V 3. (c) Social Security No. 520

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Sept 30 1881  
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Francois Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Peter George Friedrich Bock

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

14. Maiden name Sophie Stanley

15. Birthplace St. Francois Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Floyd Stegall

(b) Address Booneville Mo

17. (a) Burial (b) Date thereof July 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Connelly

18. (a) Signature of funeral director Berham & Sons Co

(b) Address 313 Berham Booneville Mo

19. (a) July 1, 1940 (b) N. W. Hawkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1940 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 15 1940 to June 28 1940;  
that I last saw her alive on June 15 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus Duration 2 yrs

Due to unknown

Due to \_\_\_\_\_

Other conditions 48  
(Include pregnancy within 3 months of death)

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 A. L. Evans (M. D. or other) \_\_\_\_\_

Address Booneville Mo Date signed 6-28-40

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

**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 C. J. Claywell  
Licensed Embalmer No. 3706  
P. O. Address Bonnet Lane 7

**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.**