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.

REC'D DEC 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39910
Do not use this space.

1. PLACE OF DEATH
(a) County Newton
(b) Township
(c) City Neosho
(d) Street No. ..... St.
(e) Length of residence in city or town where death occurred 520 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 609
Primary Registration District No. 4363
Registered No. 116

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME John G. Jones
(a) Residence, No. 526 N. High St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 9, 1863

7. AGE: Years 75 | Months 2 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Postal Clerk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT Larraine Walters
(ADDRESS) Neosho Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miami Okla. DATE 11-13 1938

19. FUNERAL DIRECTOR (NAME) Carly Thompson
(ADDRESS) Neosho Mo.

20. FILED 11-14 1938 Oral G. Sale M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on 11-11 1938. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

Cause of death unknown
Probable Organic Heart attack

Date of onset

Other contributory causes of importance:
Natural causes

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Carly Thompson Coroner, M.D.
(Address) Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, Carley Thompson, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.