

REG'D SEP 14 1939

Registration District No. 4

Primary Registration District No. 5113

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Very Good Surf  
(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 \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME: MARY IVA JONES 52A

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased 7 31 1879  
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Boone Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Rose Gate

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

14. Maiden name Henry

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

16. (a) Informant's own signature Claude M. Jones

(b) Address Hallsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Columbia Mo

18. (a) Signature of funeral director M. M. Brown

(b) Address Central Mo

19. (a) 8-25-39 (Date received local registrar) (b) Mrs. L. L. Swartz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town R.F.D. Hallsville  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd  
year 1939 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 22nd, 1939, to August 23rd, 1939; that I last saw her alive on August 23, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast with metastasis to lungs & mediastinum  
Duration 2 yrs.

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

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

Major findings: Of operations Carcinoma of left breast  
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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature J. B. Besterman (M.D. or other) \_\_\_\_\_  
Address Central Australia Date signed 8/24/39

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.

I X1881

**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, ~~only~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Donald*

Licensed Embalmer No.....

*2589*

P. O. Address.....

*Cecilville Md*

**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.**