

Registration District No. 148

Primary Registration District No. 3011

1. PLACE OF DEATH:

(a) County CLAY
 (b) City or town Excelsior Springs, MO.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
314 Kansas City Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)
 In this community 28 yrs MARCH 1911

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY
 (c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
 (d) Street No. 314 KANSAS CITY, AVE.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME ADAMANTINE JONES

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MATILDA SUSAN JONES 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JANUARY 4 1850
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace MT. SALEM KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation LUMBER YARD OPERATOR

11. Industry or business LUMBER BUSINESS

12. Name Greenup Jones

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

14. Maiden name Nancy Stephenson

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

16. (a) Informant's own signature [Signature]

(b) Address Excelsior Springs, Mo.

17. (a) burial (b) Date there Sept. 20 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director Herbert Hope

(b) Address 216 Spring St.

19. (a) Sept 21, 1939 (b) Mrs. O. M. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
 year 1939 hour 3:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 18, 1939, to Sept. 18, 1939;
 that I last saw him alive on Sept. 18, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 30 min.
Arterial Sclerosis

Due to _____
 Due to _____
 Other conditions [Signature]
(Include pregnancy within 5 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? _____

While at work? _____ (Specify type of place) _____
 (e) Means of injury _____
 23. Signature John F. Grace (M. D. or other) _____
 Address Excelsior Springs Date signed 9/21/39

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD SIGN

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/3/39

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 _____

C. Virgil Hope
working under my personal supervision.

Registered Apprentice No. _____

Signed C. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Spring

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

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