

FILED FEB 18 1940  
Registration District No. 1884

Primary Registration District No. 5049

1. PLACE OF DEATH:

(a) County Barton  
(b) City or town Boston  
(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 71 yrs  
years, months or days

3. (a) PRINT FULL NAME Mary Jane Cones 52-D

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased March 15th, 1854  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Terra Haute - Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

12. Name Baniel B. Debham

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

14. Maiden name unknown

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

16. (a) Informant's own signature Jonnie A. Cones

(b) Address Boston, Mo.

17. (a) Burial (b) Date thereof Jan 15th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Grove Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, Mo.

19. (a) Jan 14 (b) The Commissioner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Boston  
(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 January day 13th  
year 1940 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from January 8, 1940, to Jan 13, 1940.  
that I last saw him alive on Jan 8th, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Autosschismic heart disease ?

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

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

Other conditions Acute and chronic glomerular nephritis

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Charles H. Sedell, A.M.D. (M. D. or other) \_\_\_\_\_

Address Jasper, Mo. Date signed 1/14/40

MOTHER FATHER

12. Name Baniel B. Debham

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

14. Maiden name unknown

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

16. (a) Informant's own signature Jonnie A. Cones

(b) Address Boston, Mo.

17. (a) Burial (b) Date thereof Jan 15th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Grove Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, Mo.

19. (a) Jan 14 (b) The Commissioner  
(Date received local registrar) (Registrar's signature)

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.

---

---

**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..... *R. W. River* .....

Licensed Embalmer No. *3141* .....

P. O. Address..... *Lamar, Pa.* .....

**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.**