

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.

Registration District No. 165 **FILED** Primary Registration District No. 5291

1. PLACE OF DEATH: Cedar 1940
(a) County Cedar
(b) City or town Rural
(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
In this community Most of Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cedar
(c) City or town Stockton, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural - Linn Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A. — years.

3. (a) PRINT FULL NAME Jarvas Jones
3. (b) If veteran, name war —
3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 8
year 1940 hour 7 minute 30 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lizzie Jones
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan 13 1956
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from DEC 28 1939 to Jan 7 1940
that I last saw him alive on Jan 7 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Uremic poisoning Duration 7 wks

8. AGE: Years 83 Months 11 Days 25
If less than one day hr. min.

Due to CHRONIC NEPHRITIS & PROSTATIC DISEASE
Due to —

9. Birthplace Unknown
(City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business —
MOTHER FATHER
12. Name Unknown
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)

Other conditions (include pregnancy within 3 months of death) —
Major findings: —
Of operations —
Of autopsy no
PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature J. D. Jones
(b) Address Stockton, Mo
17. (a) Burial (b) Date thereof 1-9-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gum Springs
18. (a) Signature of funeral director W. C. Davis & Co
(b) Address Stockton, Mo.
19. (a) Jan 11 1940 (b) Mrs Minnie Carleton
(Date received local registrar) (Registrar's signature)

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 J. Heper (M. D. or other) J. D.
Address Stockton Mo Date signed 1-9-40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.