

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 565

Primary Registration District No. 5291

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town STOCKTON, MO.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Rural - Lincoln Twp
(If outside city or town limits, write "RURAL")

(d) Street No. North - Stockton
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph B. Jones

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 30
year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from January 25, 1940, to January 29, 1940; that I last saw him alive on January 25, 1940; and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife ERNIS JONES

6. (c) Age of husband or wife if alive No. years

7. Birth date of deceased OCT. 27-1850
(Month) (Day) (Year)

Immediate cause of death Pneumonia

Duration 4 Days

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>3</u>	<u>3</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace MAMMOTH CAVE KY
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business ✓

MOTHER FATHER { 12. Name JACOB JONES

13. Birthplace KY

14. Maiden name PACHEL BARILET
(City, town, or county) (State or foreign country)

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

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Bladys Disruffant

(b) Address Stockton, Mo.

17. (a) Pankey (b) Date thereof 2-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pankey

18. (a) Signature of funeral director H.C. Blair & Co.

(b) Address Stockton, Mo. 435

19. (a) Feb 2 1940 (b) Mrs. Minnie Barleton
(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 Benard C. Adler (M. D. or other) M.D.

Address Stockton, Mo. Date signed 2/1/40

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.