

Registration District No. 618

Primary Registration District No. 5820

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Rural  
(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 55 Years  
In this community 55 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred E. Jones 520

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

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

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 4 1885  
(Month) (Day) (Year)

8. AGE: Years 54 55 Months 10 Days 27 If less than one day hr. min.

9. Birthplace Nodaway County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 0

11. Industry or business

MOTHER FATHER { 12. Name James A. Jones  
13. Birthplace Ill.  
14. Maiden name Oneta Greenwood  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Jones  
(b) Address Burlington Jct. Mo.

17. (a) Burial (b) Date thereof Feb 3, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ohio Cemetary

18. (a) Signature of funeral director J.R. Hann  
(b) Address Burlington Jct. Mo.

19. (a) 2/2/40 (b) J.R. Hann 549  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Rural, Burlington Jct.  
(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 31  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from October 10  
1939, to Jan 31, 1940  
that I last saw him alive on Jan 31, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chor Endocarditis  
Chor Myocarditis  
Due to American Scurvy

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

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 B. J. Osburn (M. D. or other qual.)  
Address Burlington Jct. Mo. Date signed 2/2/40

Duration  
3  
3  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 11,  
District File Number 240-123  
Date Filed FEB 12 1940

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  
.....  
working under my personal supervision.

Registered Apprentice No. ....  
Signed Robert H. Gable  
Licensed Embalmer No. 3308  
P. O. Address Burlington, Vt. No.

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.



S-3242