

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

55822
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. H1
(b) Township Ozark Primary Registration District No. 5062 Registered No. _____
(c) City Liberal (d) Street No. Rural _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

520 John Williams Jones
(a) Residence, No. Liberal, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Caroline Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1873
7. AGE YEARS 66 MONTHS 9 DAYS 1 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Rented Farm
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton Co. Missouri13. NAME Nathan Louis Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Jane Hendricks16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown?17. INFORMANT (ADDRESS) Nathan Jones Liberal, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal, Mo. DATE Feb 27 194019. FUNERAL DIRECTOR (ADDRESS) Berkey Funeral Service Mulberry Kansas20. FILED Feb 27 1940 J. R. Bell M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 194022. I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1899 to Feb 26 1940I last saw him alive on Feb 26 1940 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
chronic nephritis

Other contributory causes of importance:

Arteriosclerosis
atherosclerosis
bronchopneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. M. Bell, M.D.41 (Address) Liberal, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer 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.)