

MAY 13 1940

Registration District No. 479

Primary Registration District No. 4288

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town La Belle 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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town La Belle Mo
(If outside city or town limits, write "RURAL")
(d) Street No. North West part of Town
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME JOSEPHINE JONES 520

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 married

6. (b) Name of husband or wife JAMES JONES 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 28 - 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Newark - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Spouse Keeping

12. Name Andrew Hunsaker

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Susan Hunsaker

15. Birthplace Union Co Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr William White

(b) Address Ind City Mo

17. (a) Newark Mo (b) Date thereof March 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newark Mo

18. (a) Signature of funeral director W J Bassett

(b) Address W Concorda Mo

19. (a) 5-19-1940 (b) J L Bourne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 1940
year 1940 hour 7:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from Mon 26th 1940 to Mon 26th 1940
that I last saw h. in alive on Mon 26th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration _____

Due to _____ J L W

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? _____

432 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J L Bourne (M. D. or other) _____

Address La Belle Mo Date signed _____

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 5-40-1010

Date Filed MAY 10 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.....

....., 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.