

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
216 North High  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community 66 yrs.  
years, months or days)

8. (a) PRINT FULL NAME W. H. Jones (William Henry)

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Susie R. Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 1 31 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Coal Run Ohio (City, town, or county) (State or foreign country)

10. Usual occupation 620 So. Osteophthy St., 9

11. Industry or business Real Estate

12. Name Jake Jones 9

13. Birthplace Unknown 1

14. Maiden name Fannie Koch

16. Birthplace Unknown West Va. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ross Warden

(b) Address Kirksville, Mo

17. (a) Burial (b) Date thereof 6/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director Doc Riley 3

(b) Address Kirksville, Mo.

19. (a) June 7/40 (b) Spencer I. Freeman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair  
(c) City or town Kirksville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 216 N. High  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1940 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from June 5 1940 to June 5 1940  
that I last saw him alive on June 5 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation  
Myocardial degeneration  
arterio sclerosis  
debility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Major findings: Of operations 930  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Ray M. Hoff (M. D. or other) 3  
Address Kirksville Mo Date signed 6/7/40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-40-1289

Date Filed JUN 13 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.....

Mrs. Laura Riley

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Laura Riley

---Licensed Embalmer No. 3907

P. O. Address Kirksville, Mo.

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.