

JUN 13 1940

Registration District No. 124Primary Registration District No. 5177Registrar's No. 701

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town Rural (Rivers Paper)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community 60 yrs
years, months or days)3. (a) PRINT FULL NAME ADDIE LEE JONES 520

3. (b) If veteran, name war _____ 3. (c) Social Security No.
- None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife James A. Jones 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Dec 18 1873
 (Month) (Day) (Year)

8. AGE: Years
- 66
- Months
- 5
- Days
- 9
- If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business House Keeper

12. Name Henry Berry
 13. Birthplace Marble Hill Mo. (City, town, or county) (State or foreign country)
 14. Maiden name Caroline Stevens
 15. Birthplace Marble Hill Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature
- W. H. Harsh
-
- (b) Address
- Jackson Mo.

17. (a)
- Burial
- (Burial, cremation, or removal) (b) Date thereof
- May 29-40
- (Month) (Day) (Year)

- (c) Place: burial or cremation
- Lesley Cemetery

18. (a) Signature of funeral director
- W. H. Harsh

- (b) Address
- Jackson Mo.

19. (a)
- 6-1-40
- (Date received local registrar) (b)
- D. E. Seibert
- (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Cape Girardeau
 (c) City or town Gravois Hill, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. O. P. O. Burfordville Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- May
- day
- 27
-
- year
- 1940
- hour
- 11
- minute _____ P. M.

21. I hereby certify that I attended the deceased from
- 1935
- , 19____, to
- May 27
- , 19
- 39
- ;
-
- that I last saw her alive on
- 5-25-40
- , 19____;
-
- and that death occurred on the date and hour stated above.

- Immediate cause of death _____ Duration 1 week
Myocardial Failure
 Due to Chronic Myocarditis 5 yrs
Cardio-vascular renal 5 yrs
 Due to Asphyxia (airway) with
hemiplegia 3 yrs
 Other conditions _____
 (Include pregnancy within 3 months of death)

- Major findings: _____ PHYSICIAN _____
 Of operations _____
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

28. Signature
- D. E. Seibert
- (M. D. or other)
- M.D.
-
- Address
- Jackson
- Date signed
- 5-29-40

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.....

Licensed Embalmer No. 2476

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.