

Registration District No. 470

Primary Registration District No. 57633

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days  
In this community 25 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas  
(c) City or town Long Lane, Mo.  
(If outside city or town limits write "RURAL")  
(d) Street No. Route 2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lois Marie Jones 520

8. (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 Widow  
6. (b) Name of husband or wife Marvin Jones 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased November 1st 1905  
(Month) (Day) (Year)

8. AGE: Years 34 Months 6 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Long Lane Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Jesse Hackler  
13. Birthplace Long Lane Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lena Burdin  
15. Birthplace Long Lane Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Burial (b) Date thereof 6:24-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton Branch

18. (a) Signature of funeral director S. B. Jones

(b) Address Buffalo, Mo.

19. (a) 6-12-1940 (b) O. A. Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th  
year 1940 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from May 17th 1940, to June 11th 1940  
that I last saw her alive on June 10th 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration Five Years

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
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 \_\_\_\_\_

23. Signature Charles E. Hellweg (M. D. or other) 1  
Address Mt. Vernon, Mo. Date signed 6-11-40

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

RECEIVED

District Health Officer No. 6.

District File Number 740-2326

Date Filed JUL 9 1949

---

---

**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.**