

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:  
(a) County Cedar  
(b) City or town Rural Linn  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community Most of life  
years, months or days

3. (a) PRINT FULL NAME Edna Pearl Jones  
(b) If veteran, name war  
(c) Social Security No.

4. Sex Female  
5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Martin C. Jones  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased December 9 1890  
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 26  
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER  
12. Name W. E. Barber  
18. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Speerling  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M.C. Jones  
(b) Address Stockton, Mo.

17. (a) Burial (b) Date thereof 8-6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton City

18. (a) Signature of funeral director H.D. Blair Co.  
(b) Address Stockton, Mo.

19. (a) Aug 10 (b) Mrs Minnie Bartleton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County CEDAR  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5  
year 1940 hour 9; minute 10 A.M.

21. I hereby certify that I attended the deceased from May 6, 1940 to August 5, 1940, that I last saw her alive on August 5, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration 1 day

Due to High blood pressure 4 years

Due to

Other conditions none  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations none  
Of autopsy not done  
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 Bernard C. Adler (M. D. or other) M.D.  
Address Stockton, Mo. Date signed 8-6-40

---

---

**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.....

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.**