

FILED SEP 16 1940

28279

State File No. _____

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Registration District No. _____

Primary Registration District No. 3011

Registrar's No. 135

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Excelsior Springs Sanitarium
(If not in hospital or institution, state street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 7 years
years, months or days) 570

3. (a) PRINT FULL NAME MARTHA ANN JONES

3. (b) If veteran, name war no 3: (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife THOMAS E JONES 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased April 24 - 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name John Swafford

13. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mancy Miller

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Lasley

(b) Address 2908 Holmes St

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Mo

18. (a) Signature of funeral director Herbert Hagan

(b) Address Excelsior Springs Mo

19. (a) Sept 12/40 (b) Martha M. Cracker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 517 BENTON
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31
year 1940 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug. 30, 1940, to Aug. 31, 1940
that I last saw her alive on Aug. 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of Apoplexy Duration 12 hrs.

Due to Cerebral Hemorrhage

Due to arteriosclerosis.

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? 180
While at work? ✓ (Specify type of place) (e) Means of injury _____

23. Signature H. J. Clark (M, D, or other) M.D.

Address 2408 Riverside Ave Springfield Mo Date signed 8/31/40

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

4
2
1

RECEIVED
District Health Officer No. 8,
District File Number 4-9-40
Date Filed

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

Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.