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10-39
7-39
K21492

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)

(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 2
(Specify whether _____)

In this community 50 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. E Clinton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Emery R. Jones

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

4. Sex Male 5. Color or race Black

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jawh Jones 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov 24 1940
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Traveling Salesman

11. Industry or business Store wgre

12. Name Samuel Jones

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Mary Johnston

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

16. (a) Informant Mrs W C Watson

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 9-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conradus + Beck

(b) Address Clinton mo

19. (a) _____ (b) Dr. J. R. Hampter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 14
year 1940 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from 4-3 1940, to 9-11 1940
that I last saw him alive on 9-11 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 3 days
Chronic Myocardial years

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? 317
While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Beque D. Neville (M. D. or other) _____
Address Clinton mo Date signed 9-16-40

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

RECEIVED
District Health Officer No. 7;
District File Number 10-40-1488
Date Filed 10-11-40

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 *J. E. Connelley*
Licensed Embalmer No. 1891

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.