

Registration District No. 626

Primary Registration District No. 5-827

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Rural Polk Township

(c) Name of hospital or institution: 4 mi. E. of Maryville.
(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

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

(d) Street No. 4 mi East of Maryville
(If rural, give location)

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

3. (a) PRINT FULL NAME FLOSSIE JONES.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1940 hour 12 minute 25A. M.

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Raymond Toel Jones

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased. Aug 29, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 13, 1938 to Oct 12, 1940 that I last saw her alive on Oct 11, 1940 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of uterus and tumor. (metastatic)

Due to Carcinoma of uterus.

Due to _____

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

Other conditions 46
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name James M. Johnson.

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

14. Maiden name Susy Archer

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

Major findings: Of operations Carcinoma of uterus

Of autopsy _____

16. (a) Informant Raymond T. Jones.

(b) Address Maryville Mo

17. (a) Burial. (b) Date thereof Oct. 14, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director John W. Price

(b) Address Maryville, Mo.

19. (a) Oct 14 40 (b) Mame E. Clark
(Date received local registrar) (Registrar's signature)

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? 556
(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature H. M. Hall (M. D. or other) M.D.
Address Maryville Mo Date signed 10-14-40

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

FILED OCT 11 1940

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.....

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.