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3-40
7-39
X23159

JAN 25 1941

Registration District No. **362**

Primary Registration District No. **5507**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Hickory**
(b) City or town **Pittsburg "Rural" Green Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Pittsburg, Mo.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **6 1/2** years (Specify whether years, months or days) **20**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Hickory**
(c) City or town **"Rural"**
(If outside city or town limits, write "RURAL")
(d) Street No. **Pittsburg in Green Twp.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **David Sigle Jones**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Lucy Jones** 6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **January 21 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **26** If less than one day hr. _____ min. _____

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Thompson Jones** 1
13. Birthplace **Tennessee** 1
(City, town, or county) (State or foreign country)
14. Maiden name **Eliza Fisher**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Perry Jones**

(b) Address **Pittsburg Missouri**

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

(c) Place: burial or cremation **Antioch Cemetery**

18. (a) Signature of funeral director **Hutcherson & Co.**

(b) Address **Bolivar Missouri**

19. (a) **Jan 6 1941** (b) **John P. Dennis**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec 16** day _____
year **1940** hour **9** minute **40 a.m.**

21. I hereby certify that I attended the deceased from **Nov. 15-40**
19____ to **Dec 16** 19____
that I last saw him alive on **Dec 13** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemiplegia**

Due to **Cerebral hemorrhage**

Due to **Arterial Sclerosis** **unknown**

Other conditions **Valvular heart disease**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **A2H**
Of autopsy

Duration
4 days

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?

3 2 3 (Specify type of place)
While at work? (e) Means of injury.

23. Signature **A. S. Johnston** (M. D. or other)
Address **Wheath Creek Mo** Date signed **12-24-40**

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

RECEIVED

District Health Officer No. 7.

District File Number 1-6-41

Date Filed 1-9-41

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, fact should be so stated above.