

Registration District No. **668**

Primary Registration District No. **5898**

1. PLACE OF DEATH
(a) County Pettis
(b) City or town Longwood Rural
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Ida M Jones
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex F **5. Color or** race W **6. (a) Single, widowed, married,** divorced S O

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased Sept 16 1873
(Month) (Day) (Year)

8. AGE: Years 68-78 Months 4 Days 9 If less than one day _____
hr. _____ min. _____

9. Birthplace Longwood Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation house keeper

11. Industry or business _____

MOTHER FATHER
12. Name John H Jones
13. Birthplace Bethany Va.
(City, town, or county) (State or foreign country)

14. Maiden name Gayle Grace McD
15. Birthplace Cumberland W. Va.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charters Reid
(b) Address Warrensburg Mo

17. (a) rural **(b) Date of death** Jan 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem
18. (a) Signature of funeral director W. M. H. ...
(b) Address Houston Mo.

19. (a) 1-25-41 **(b) Mrs. Harry Sneed**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Pettis 91
(c) City or town Longwood (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 January day 25
year 1941 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 22 1941 to Jan 25 1941
that I last saw her alive on Jan 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation with edema
Due to chronic myocarditis
chronic nephritis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
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? _____

23. Signature Jordan ... **(e) Manner of injury** _____
Address Sedalia Mo **Date signed** 1-25-41

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.

1914

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-10-17

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.