

FILED MAR 14 1941

Registration District No. 26

Primary Registration District No. 5034

State File No. \_\_\_\_\_

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town: Rual Saltriver  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
R.F.D. #1, Mexico  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 68 years

3. (a) PRINT FULL NAME Arthur Sherman Jones

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Jones 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January 12 1867  
(Month) (Day) (Year)

|         |       |        |               |                      |
|---------|-------|--------|---------------|----------------------|
| 8. AGE: | Years | Months | Days          | If less than one day |
|         | 74    | 0      | <del>26</del> | hr. _____ min.       |

9. Birthplace Richmond County, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Mike Jones

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

14. Maiden name Catherine Wright

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

16. (a) Informant Nellie Jones

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Feb. 11. 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Florence, Mo.

18. (a) Signature of funeral director Earl E. Pruitt

(b) Address Mexico, Mo.

19. (a) Feb. 10. 1941 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. R.F.D. #1, Mexico  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1941 hour 4 minute - P. M.

21. I hereby certify that I attended the deceased from June 1939, 19\_\_\_\_, to Feb. 9, 1941; that I last saw him alive on Feb. 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis, myocardial degeneration

Due to 1930

Other conditions Cardio-vascular 1930  
(Include pregnancy within 3 months of death)

renal disease

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

Duration

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

3 While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Karl E. Maneval (M. D. or other) MD  
Address Mexico, Mo Date signed 2/10/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-41-595

Date Filed MAR 10 1941

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.....

Earl E. Precht

Registered Apprentice No. ....

working under my personal supervision.

Signed

Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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.