

Registration District No. 726

Primary Registration District No. 3038

Registrar's No. 76

1. PLACE OF DEATH: Saline
 (a) County Marshall
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Paterson Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community all her life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Saline
 (c) City or town Marshall
 (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.? 0 years

3. (a) PRINT FULL NAME: Bessie Valentine Jones
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____
 4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married Married
 6. (c) Age of husband 58 years
 7. Birth date of deceased Febry-17-1894
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 20
 year 1941 hour 7 minute 35 P.M.
 21. I hereby certify that I attended the deceased from Apr 16 1941 to Apr 20 1941
 that I last saw her alive on Apr 20 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 2 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 4 days
 Due to _____
 Due to _____

9. Birthplace Saline Co Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Wife
 11. Industry or business _____
 12. Name John P. Thomas
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Sally A. Walker
 15. Birthplace Marion City Mo
 (City, town, or county) (State or foreign country)

Other conditions meningitis following
 (Include pregnancy within 3 months of death)
 Major findings ap-pears
 Of operations _____
 Of autopsy _____

16. (a) Informant Earl Jones
 (b) Address Saline Mo
 17. (a) Burial (b) Date thereof 4-27-41
 (Burial, cremation or other) (Month) (Day) (Year)
 (c) Place: burial or cremation Arrow Rock
 18. (a) Signature of funeral director John H. Bays
 (b) Address Saline Mo
 19. (a) 4-21-41 (b) Mary Kent
 (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?
 While at work? _____ (Specify type of place)
 (e) Means of injury 200
 23. Signature F. Warren (M. D. or other) DO
 Address Marshall Mo Date signed 7/20/41

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

MOTHER FATHER

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.