

Registration District No. 251

Primary Registration District No. 5990

Registrar's No. 1470

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Thoms
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital, or institution:
2 miles No of Naylor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 39 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No 2 miles No of Naylor
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN L. LEWIS JONES

3. (b) If veteran, name war Spanish American 3. (c) Social Security no no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nora Jones 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 24 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Evansville 1 Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Jones

13. Birthplace unk. 1 Ky (9)
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gardner

15. Birthplace unk. 1 Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Nora Jones

(b) Address Naylor Mo.

17. (a) Buried (b) Date thereof 5-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sum. Cem.

18. (a) Signature of funeral director Minnie Fish

(b) Address Naylor Mo.

19. (a) May 23 1941 (b) W. E. ...
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 22
year 1941 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 1937 to May 22 1941
that I last saw her alive on May 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis with hypertensive and myeloid changes
Due to unk in chronic course

Other conditions none
(Include pregnancy within 3 months of death)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 1937 to May 22 1941
that I last saw her alive on May 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis with hypertensive and myeloid changes
Due to unk in chronic course

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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?

675 (Specify type of place) (e) Means of injury _____

23. Signature W. E. ... (M. D. or other) o

Address Naylor Mo Date signed 5/23/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Dwight C. McCord*

Licensed Embalmer No. *4079*

P. O. Address *Taylor, 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.