

Registration District No. **236**

Primary Registration District No. **6560**

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Dade Pilgrim Twp.
 (b) City or town Everton, Mo. No. 1.
 (c) Name of hospital or institution: Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Her life!
 years, months or days)

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

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widowed
6. (b) Name of husband or wife Husband **(c) Age of husband or wife if** C. Robt. Jones. alive _____ years
7. Birth date of deceased Oct. 30, 1856
 (Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Clinton Co. Indiana.
 (City, town, or county) (State or foreign country)

10. Usual occupation House keeping

11. Industry or business _____

MOTHER FATHER
12. Name John Franklin Wallace
13. Birthplace Knox Co. Missouri
 (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Price
15. Birthplace Indiana.
 (City, town, or county) (State or foreign country)

16. (a) Informant Libbie Vandegrift
 (b) Address Everton Mo

17. (a) Burial (b) Date thereof June 25, 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem.

18. (a) Signature of funeral director A. W. Ward
 (b) Address Greenfield Mo

19. (a) Date received local registrar 6-21-41 (b) Ma A. R. Stapp
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dade
 (c) City or town Everton, Mo. 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 June day 21,
 year 1941, hour 7 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw her alive after death 6-21-1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis.
 Duration _____
 Due to _____
 Due to _____
 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 Charles H. Hoffie (M. D. or other) M.D.
 Address Ash Grove Mo Date signed 6-24-41
 (Specify type of place) (c) Means of injury _____

RECEIVED

District Health Officer No. 6,

RECEIVED

District Health Officer No. 6,

District File Number 141-1049

Date Filed JUL 9 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

J. W. Ward

Licensed Embalmer No. 2832

P. O. Address Greenfield, Vt.

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.