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K23159

SEP 13 1941

Registration District No. 55

Primary Registration District No. 416262

Registrar's No. 90

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Hudson, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 BERNICE MARIE 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, divorced Married

6. (b) Name of husband or wife Clifton Jones

6. (c) Age of husband ~~or wife~~ if alive 30 years

7. Birth date of deceased Nov 3 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28 9 29 hr. min.

9. Birthplace Scotland, Ark
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name Robert Lee Medlock

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

14. Maiden name AULA THOMPSON

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

16. (a) Informant Clifton Jones

(b) Address Hudson, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept 7-41
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem.

18. (a) Signature of funeral director Frank Reed

(b) Address Marionville, Ark.

19. (a) Sept 2-41 (Date received local registrar)

(b) Bernice Marie Jones (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ARKANSAS (b) County VAN DUREN

(c) City or town SCOTLAND
(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.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd
year 1941 hour 7:00pm minute _____ M.

21. I hereby certify that I attended the deceased from Sept 2 to Sept 2, 19 41, to _____, 19 _____; that I last saw her alive on Sept 2, 1941, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Tuberculosis of the Lungs

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Sidney M. Bailey M.D. (M. D. or other) 0

Address Hudson, Mo Date signed 9/2/41

RECEIVED

District Health Office No. 2,

District File Number 941-1263

Date Filed 9/11/41

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.