

REC'D DEC 10 1941
Registration District No. 05

Primary Registration District No. 1001

Registrar's No. 1125

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 901 - Charles St. St Joseph, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Yes years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph, Mo. 1
(If outside city or town limits, write "RURAL") 7
(d) Street No. 901 - Charles - St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22
year 1941 hour 7:45 minute 0 M.
21. I hereby certify that I attended the deceased from 11-17-41
_____ 19____ to 11-21 _____ 1941
that I last saw her alive on 11/21 _____ 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis Duration 4 days

Due to: Generalized arteriosclerosis
Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 94 a
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?

(Specify type of place)
While at work? _____ (a) Means of injury _____
23. Signature David J. Rosenthal (M. D. or other) MD
Address Patrick Bldg Date signed 11/22/41

3. (a) PRINT FULL NAME Lewis Jones
(b) If veteran, name war _____ (c) Social Security No. NONE

4. Sex Male race White 5. Color or race _____
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 1 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Stewartville, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Cornelia Jones
13. Birthplace Penn (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Laffoon
15. Birthplace Stewartville, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Julia Lee
(b) Address 120 So - 18th St St Joseph, Mo.
17. (a) Burial (b) Date thereof Mar 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Cemetery, Carter Co. Mo.

18. (a) Signature of funeral director St. J. Ryan
(b) Address Stewartville, Mo.
19. (a) 11/22/41 (b) H. J. Nestlund
(Date received local registrar) (Registrar's signature)

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 F. G. Brown
Licensed Embalmer No. 952
P. O. Address Stewartsville, Md.

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.