

FILED FEB 22 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4564

Registrar's No. 26

1. PLACE OF DEATH: Cass

(a) County Peculiar Mo.

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

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cass

(c) City or town Peculiar Mo.  
(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.

3. (a) PRINT FULL NAME Sarah Ann Jones

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 110

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

6. (b) Name of husband or wife A. L. Jones 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Feb. 14 18 64  
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 24 If less than one day  
hr. min.

9. Birthplace Adonis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Hineger Roberts

13. Birthplace Knoxville Tenn.  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Rule

15. Birthplace Knoxville Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Oval Willimeon

(b) Address Burial Peculiar Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 2/10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peculiar Mo.

18. (a) Signature of funeral director Carl Brown

(b) Address Pleasant Hill Mo.

19. (a) 2-14-42 (b) Margaret Tolle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 7 day year 1942 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from April 26 1944 to February 7 1942, that I last saw her alive on February 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hemiplegia right side  
(Include pregnancy within 5 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 830

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 Master V. Bellin (M. D. or other) \_\_\_\_\_

Address Peculiar, Mo Date signed 2/9/42

Duration

9 1/2 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

19  
0  
0

**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.....

*By me 2-7-42*, 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.**