

FILED FEB 16 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. **4531**

Registrar's No. **2**

1. PLACE OF DEATH:

(a) County **Vernon**  
(b) City or town **Sheldon MO. Wn**  
(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 **life 60 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Vernon**  
(c) City or town **Rural Owen Township**  
(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.? **0** years.

3. (a) PRINT FULL NAME **Abney Dixon Jones**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Myrtle Jones** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **June 22 1880**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **7** Days **24** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **walker MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Abraham Jones**

13. Birthplace **Cooper Co MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annada Hasley**

15. Birthplace **unknown KY**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Myrtle Jones**

(b) Address **Wilo MO**

17. (a) **Burial** (b) Date thereof **Jan-19-1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wilo Cemetery**

18. (a) Signature of funeral director **E. B. Berry & Sons**

(b) Address **Sheldon Mo.**

19. (a) **1-17-1942** (b) **Carroll J. Berry**  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

under

77a

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **16**  
year **1942** hour **3** minute **15 PM.**

21. I hereby certify that I attended the deceased from **Jan 6 1942** to **Jan 16 1942**  
that I last saw him alive on **Jan 15 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis without edema** Duration **?**

Due to **Hypertensive cardio-sclerotic disease** ?

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

Other conditions **1316**  
(Include pregnancy within 3 months of death)

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

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 **Thomas J. Duerath** (M. D. or other) **MD**  
Address **Sheldon Mo** Date signed **1-17-42**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

FEB 27 1942

RECEIVED

District Health Officer No. 7,

District File Number 2-42-30

Date Filed 2-9-42

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**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. ~~2385~~  
working under my personal supervision.

Signed Carroll T. Barry

Licensed Embalmer No. 2385

P. O. Address Sheldon 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, above space should be left blank.**