

FILED APR 2 1942
Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **mo. Methodist Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 wks, 0**
In this community **OTS 40 years.**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL")
(d) Street No. **215 1/2 S. Forest** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **no**

3. (a) PRINT FULL NAME **Elvora Ella Jones**

3. (b) If veteran, name war **✓** (c) Social Security No. **no.**

4. Sex **Female** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **widowed**
7. Birth date of deceased: **May 18 - 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **9** Days **26** If less than one day hr. min.

9. Birthplace **Natchez, Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Housewife**

12. Name **John T. Thompson**

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

14. Maiden name **unknown**

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

16. (a) Informant **Beatrice Johnson**

(b) Address **2533 Park Ave. R.C.M.**

17. (a) **embalmed** (b) Date thereof **March 13/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Priscy S. Smith**

(b) Address **1602 Mesquite St.**

19. **March 17, 1942** (b) **H. J. Metchush**
(Date received local registrar) (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14**
year **1942** hour **2** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Feb. 13** 19**42** to **March 14** 19**42**
that I last saw **her** alive on **3/13/42** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of R. Hip** Duration **1 mo.**

Due to **1860/8**

Due to **Syphilis** ?
Other conditions **Gravely pneumonia & edema**
(Include pregnancy with month of last delivery) **Essential hypertension**

Major findings: **?**
Of operations **?**

Of autopsy **as above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **2/12/42** 130

(c) Where did injury occur? **St. Joseph, Buchanan, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home

While at work? **no** (Specify type of place) **fall down**
(e) Means of injury **stairs**

23. Signature **G. T. Blanner** (M. D. or other)
Address **1218 N. 32 St.** Date signed **3/17/42**

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 with the above constitutes grounds for revocation of license.)

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