

FILED APR 15 1942

Primary Registration District No. 6162

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Jan Ship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 mos 25 dys. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution State Hospital No. 3
nevada, mo
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME James Joshua Jones.

8. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Emma L. Jones. 6. (c) Age of husband or wife if alive 9th years
7. Birth date of deceased: Oct 9th 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Ash Grove MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Ben G.W. Jones
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Katera Cassy
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records
(b) Address nevada, mo

17. (a) Burial (b) Date thereof 3-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation John's Chapel Cemetery

18. (a) Signature of funeral director A. Galbraith

(b) Address 101 Grand Ave. 1

19. (a) Mar 6 1942 (b) Stacy Harrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
Harrison 39
(c) City or town Ash Grove
(If outside city or town limit, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1942 3 hour 50 minute P. M.

21. I hereby certify that I attended the deceased from 4/7/1942 to 3/4/1942
that I last saw him alive on 3/4/1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia
Due to _____
Due to _____

Other conditions Gen. Arterio Sclerosis
(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 G.S. Wardick (M. D. or other) _____
Address nevada, mo Date signed 3/4/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer, No. 7,

District File Number 4-42-433

Date Filed 4-14-42

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 A. Galbraith

Licensed Embalmer No. 7240

P. O. Address Red Cross 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.