

FILED APR 28 1942 799

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

Primary Registration District No. 6037

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

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Cambridge  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 75 years (Specify whether \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME John Lee Jones

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of deceased wife \_\_\_\_\_ 6. (c) Age of deceased wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 29 - 1866 (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

12. Name Frank Jones

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

14. Maiden name Margaret Jones

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

16. (a) Informant Mrs. J. L. Jones

(b) Address Salina, Mo.

17. (a) Home (b) Date thereof 4-16-42 (Month) (Day) (Year)

(c) Place: burial or cremation State City Cemetery

18. (a) Signature of funeral director John J. Jones

(b) Address Salina, Mo.

19. (a) 4-22-42 (Date received local registrar) (b) Mrs. John A. Gier (registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline  
(c) City or town Cambridge (If outside city or town limits, write "R.U.R.A.L.")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (If yes, name country \_\_\_\_\_)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14 year 1942 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan. 12, 1941 to April 14, 1942 that I last saw him alive on April 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis ?  
Coronary Sclerosis ?  
Due to Generalized Arteriosclerosis ?  
Chronic Nephritis ?  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature O. A. McDermey, M.D. (Date of other) \_\_\_\_\_

Address Salina, Mo. Date signed 4/14/42

1211

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 4-27-42

**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 \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

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.**