

FILED JUL 10 1942 6

Registration District No. ....

Primary Registration District No. 3002

Registrar's No. 91

4  
1  
2

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:  
222 E. Meyers St. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 36 years  
(Specify whether years, months or days)

In this community. 36 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico  
(If outside city or town limits, write "RURAL")

(d) Street No. 222 E. Meyers St. 2  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country. ....

3. (a) PRINT FULL NAME Theodore Edwin Jones

3. (b) If veteran name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Catherine Jones

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 21, 1870  
(Month) (Day) (Year)

8. AGE:

|           |           |           |                      |
|-----------|-----------|-----------|----------------------|
| Years     | Months    | Days      | If less than one day |
| <u>72</u> | <u>06</u> | <u>26</u> | hr. min.             |

9. Birthplace Mayesville, Kentucky 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business. ....

MOTHER FATHER {

12. Name Loe Jones

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Wilson

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Loyal Wonneman

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof June - 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Zal S. Pratt

(b) Address Mexico, Mo.

19. (a) June 12-42 (b) Margaret H Mackie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1942 hour 11 minute P M.

21. I hereby certify that I attended the deceased from April, 1942 to June, 1942  
that I last saw him alive on June 16, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary thrombosis cardiac  
arterio sclerosis  
Due to arterio sclerosis  
Due to apoplexy - 4-19-42  
Other conditions. ....  
(Include pregnancy within 5 months of death)

PHYSICIAN

Major findings:  
Of operations 940  
Of autopsy. ....

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? (c) Means of injury.....

23. Signature R. S. Williams (M. D. or other) M.D.  
Address Mexico, Mo. Date signed 6-17-42

RECEIVED

District Health Officer No. 10

District File Number 742-1385

Date Filed Jul 9 1910

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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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision:

Signed.....

*Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, fact should be so stated above.