

FILED AUG 13 1942

Registration District No. 175

Primary Registration District No. 5646

Registrar's No. 87

55  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Bank Prairie Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 years  
(Specify whether years, months or days)

In this community 80 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Marionville, Rural  
(If outside city or town limits, write "RURAL") 0

(d) Street No. ....  
(If rural, give location)

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

3. (a) PRINT FULL NAME Martha M. Jones

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife James L. Jones 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 4, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>5</u>		hr. .... min.

9. Birthplace Greene Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

12. Name J. D. L. Wiley

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

14. Maiden name Rufina J. Hughes

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

16. (a) Informant Marshall Jones

(b) Address Marionville, Mo. R # 1

17. (a) Burial (b) Date thereof July 6, 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IOOF Cem. Marionville

18. (a) Signature of funeral director J. B. Bradford  
(b) Address Marionville, Mo.

19. (a) July 6 - 1942 (b) Constance Jones  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th  
year 1942 hour 8:30 minute a.m. M.

21. I hereby certify that I attended the deceased from Oct 39 to July 4 1942  
and that death occurred on the July 4 and hour stated above. 1942

Immediate cause of death Chronic nephritis

Due to .....

Due to Possibly carcinoma of uterus.

Other conditions arteriosclerosis  
(Includes pregnancy within 3 months of death)

Major findings:  
Of operations .....  
Of autopsy .....  
H J B

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? .....

While at work? Yes (Specify type of place) (e) Means of injury 20

23. Signature Wayne M. Weaver (M. D. or other) MD  
Address Marionville, Mo Date signed 7/6/42

RECEIVED

District Health Officer No. 6,

District File Number 842-1092

Date Filed AUG 11 1942

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. 3804

P. O. Address Merionville, 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.