

FILED DEC 4 1942
Registration District No. 113

Primary Registration District No. 4185

State File No. _____
Registrar's No. _____

1. PLACE OF DEATH: *Franklin*
(a) County *Franklin*
(b) City or town *St. Clair*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community *years-*
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State *Mo* (b) County *Franklin*
(c) City or town *St. Clair*
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? *no* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *William Harvey Jones*
(b) If veteran, name war *no*
(c) Social Security No. *498-07-1331*

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *Nov* day *14* year *1942* hour *9* minute *20 P.M.*
21. I hereby certify that I attended the deceased from *9-2-42* to *11-14-42*
that I last saw *him* alive on *11-15-42*
and that death occurred on the date and hour stated above.

4. Sex *male* 5. Color or race *w*
6. (a) Single, widowed, married, divorced *married*
(b) Name of husband or wife *Grace Jones* 6. (c) Age of husband or wife if alive *36* years
7. Birth date of deceased: *4-10-1901*
(Month) (Day) (Year)

Immediate cause of death *Tuberculosis of lungs - 6mo. occupational acid fumes*
Due to _____
Due to _____

8. AGE: Years *41* Months *6* Days *5*
If less than one day _____ hr. _____ min.

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

10. Usual occupation *Employee Atlas Powder Company*
11. Industry or business *Transferring acids*

MOTHER FATHER
12. Name *Tom Jones*
13. Birthplace *Franklin Mo*
(City, town, or county) (State or foreign country)
14. Maiden name *Elizabeth Baker*
15. Birthplace *Franklin Mo*
(City, town, or county) (State or foreign country)

16. (a) Informant *Grace Jones*
(b) Address *St. Clair*

17. (a) *Burial* (b) Date thereof *11-18-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Mt. Zion Cemetery*

18. (a) Signature of funeral director *Sherwood Mitchell*
(b) Address *St. Clair, Mo.*

19. (a) *Nov. 16, 1942* (b) *P. G. King*
(Date received local registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) *12 ft*

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 _____

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)
_____ (2) Means of injury _____

23. Signature *W. E. Tatchell* (M, D or other)
Address *St. Clair Mo* Date signed *11/16/42*

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

3630

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DEC 16 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..... *Shenwood Kitchell*.....
Licensed Embalmer No..... *3873*.....
P. O. Address..... *St. Clair, 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.