

FILED MAR 11 1943

Registration District No. **167**

Primary Registration District No. **4255**

Registrar's No. **78**

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
City of Kingsville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 45 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. none
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME Thomas Silven Jones

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male

5. Color or race cauc

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

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June 10, 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>8</u>	<u>22</u>	hr. <u> </u> min. <u> </u>

9. Birthplace Kingsville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer & merchant

11. Industry or business Retail Grocer

12. Name William D. Jones

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

14. Maiden name Stella Dishman

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

16. (a) Informant LaRue Jones

(b) Address Kingsville, Missouri

17. (a) Burial (b) Date thereof March 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingsville, Mo.

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) March 5-1943 (b) Gladys Ferguson, Dep
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1943 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from did not attend 19... to 19...
that I last saw him alive on March 2, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Gastric Flatulence

Due to

Other conditions
(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 Edward Anderson (M. D. or other)
Address Holden Mo Date signed 3-5-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

942

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

51
00

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-10-43

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 Lewis Canaday
Licensed Embalmer No. 3434
P. O. Address Golden, 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.