

FILED MAR 10 1943

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville

(c) Name of hospital or institution: St. Francis

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours

In this community 35 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri

(b) County Nodaway

(c) City or town Hopkins (Rural)

(d) Street No. Hopkins town. 4 miles S.W.

(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Jones

3. (b) If veteran, name war _____

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Wm. David Jones

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 14 1877

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>11</u>	<u>8</u>	hr. min.

9. Birthplace Nodaway County Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Henry Joseph Holker

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name Margaret Matilda Moley

15. Birthplace Unknown Wisconsin

(City, town, or county) (State or foreign country)

16. (a) Informant Hopkins Missouri

(b) Address burial 2-24-43

17. (a) Hopkins cemetery

(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) 2-24-43 (b) Mary Cole

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February year 1943 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10/1/42 19... to 2/22 19...
that I last saw him alive on 2/21/43 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic valvular disease of heart

Duration

several years

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g2d

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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]

Address Hopkins Mo Date signed 2/24/43

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

74
2

1268

JAN 22 1945

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 Clem M. Price
Licensed Embalmer No. 1822
P. O. Address Marionville 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.