

FILED MAR 29 1943
Registration District No. 156

Primary Registration District No. 2001

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

519

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1902 Park
(If not in hospital or institution, write street number or location)

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

In this community 8 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

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

(d) Street No. Rural Route #2
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas H. Jones

3. (b) If veteran, name war ***

3. (c) Social Security No. ***

4. Sex Male

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept. 4, 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Alexander Y. Jones

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

14. Maiden name Amelia Kincaid

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

16. (a) Informant Fay Inead

(b) Address 1902 Park St., Joplin, Mo.

17. (a) Burial (b) Date thereof 3-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director: Thompson Funeral Home

(b) Address Neosho, Missouri

19. (a) 3-6-43 (b) Gertrude Sudhorst
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1943 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____
that I last saw him Did not see him alive alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Dead suddenly in bed from Coronary occlusion

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 94 a

Of operations _____

Of autopsy _____

Duration _____

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? _____

23. Signature R. H. Herstein (Specify type of place) _____
Carthage Mo (M. D. or other) _____
Date signed Mar 6, 43

43-3-260

APR 21 1943

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 Perry K. Zurlbut
Licensed Embalmer No. 959
P. O. Address Josephine Weiss

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.