

LED MAY 10 1948 36  
Registration District No. **36**

Primary Registration District No. **5500**

Registrar's No. **4**

411  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County **Harrison**  
(b) City or town **Eagleville Rural Union**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **ad his life** (Specify whether  
In this community **ad his life** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison**  
(c) City or town **Eagleville Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Union Sub 1**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME

**Lloyd S. Jones**

3. (b) If veteran, name war **NO**

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Ocy Pearl Jones**

6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **6 - 10 - 1904**  
(Month) (Day) (Year)

8. AGE: Years **38** Months **9** Days **27**  
If less than one day hr. min.

9. Birthplace **Union Twp. Harrison Co., Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **and stock raising**

12. Name **Edwin O. Jones**

13. Birthplace **Harrison Co., Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Josie E. Jones Brazell**

15. Birthplace **Eagleville Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Josie E. Jones**

(b) Address **Eagleville Mo.**

17. (a) **Burial** (b) Date thereof **4-10-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Allen Cemetery**

18. (a) Signature of funeral director **S. M. Haas**

(b) Address **Bethany Mo.**

19. (a) **4-13-43** (b) **Chas. Alan**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **7**  
year **1948** hour **about 4** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **19** to **19**  
that I last saw him **alive on** **19**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute myocarditis.**

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **92e1**  
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)  
(c) Means of injury **Coroner**

23. Signature **Joe E. Wheeler** (M.D. or other)  
Address **Bethany Mo.** Date signed **4-12-48**

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

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**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.....

*J. M. Naas*

Licensed Embalmer No.....

*1078*

P. O. Address.....

*Bethany 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.**