

FILED APR 24 1943

Primary Registration District No. 3043

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St Elizabeth Hospt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Curtley Adelbert Jones

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena May 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased February 24 1878
(Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days 19 If less than one day hr. _____ min.

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

10. Usual occupation Day Laborer

11. Industry or business _____

MOTHER, FATHER

12. Name William E. Jones

13. Birthplace D.K. Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Anna Eliza Wilson

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

16. (a) Informant W. S. Maude July

(b) Address Monroe City, Mo.

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

(c) Place: burial or cremation St Jude, Monroe City

18. (a) Signature of funeral director Wilson & Son's

(b) Address Monroe City, Mo.

19. (a) 3-19-43 (b) R. H. Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Monroe City
(If outside city or town limits, write "RURAL")
(d) Street No. 315 First St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from March 15 1943 to March 18 1943
that I last saw him alive on March 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure
Due to Cardiovascular - Renal Disease

Duration 3

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

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 D. O.)
Address Hannibal Mo. Date signed March 18 1943

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

64
49

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 By me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Lester L. Wilson

Licensed Embalmer No. 3014

P. O. Address Memphis, Tenn

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.