

1 FILED JUN 30 1943
Registration District No. 157

Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1175 S. Main St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 Years years, months or days)

3. (a) PRINT FULL NAME Ieland Marcellus Jones

3. (b) If veteran, name war World War #1

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 31, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

47 10 8 _____ hr. _____ min.

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

10. Usual occupation Dentist

11. Industry or business _____

MOTHER FATHER { 12. Name Marcellus W. Jones

13. Birthplace X Va.
(City, town, or county) (State or foreign country)

14. Maiden name Stella C. Armstrong

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

16. (a) Informant J. W. Jones

(b) Address 1175 So. Main St., Carthage

17. (a) cremation (b) Date thereof 6-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Missouri

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) 6/10/43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")

(d) Street No 1175 So. Main 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 June day 8,
year 1943 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from July 37 to June 8, 1943
that I last saw him alive on June 7, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death multiple Sclerosis 6 yrs +

Due to _____

Due to _____

Other conditions 87d
(Include pregnancy within 3 months of death)

Major findings:
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? _____

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

23. Signature Russell Smith (M. D. or other) M.D.
Address Carthage Mo. Date signed 6-10-43

STATEMENT BY LICENSED EMBALMER

JUN 30 1968

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: Edell Ulmer
Licensed Embalmer No. 2222
P. O. Address Carthage

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.

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