

FILED JUL 12 1943 184

Registration District No. 184

Primary Registration District No. 3038

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

58
2

1. PLACE OF DEATH:

(a) County LINN

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

(c) Name of hospital or institution: 900 HANSEN 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY SUSAN JONES

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife JOHN JONES 6. (c) Age of husband or wife if alive years

7. Birth date of deceased JULY 28, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>25</u>	hr. min.

9. Birthplace BROWNING MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name B.W. LANE

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

14. Maiden name MARY CATHERINE GIBSON

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

16. (a) Informant MRS. H.E. ROSS

(b) Address BROOKFIELD, MO

17. (a) BURIAL (b) Date thereof 6-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROSE HILL CEMETERY

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

(b) Address BROOKFIELD, MO

19. (a) 6-25-43 (b) H.W. Cannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINN 58

(c) City or town BROOKFIELD 2
(If outside city or town limits, write "RURAL")

(d) Street No. 900 HANSEN
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 23
year 1943 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 11, 1943
June 23, 1943, to June 23, 1943;
that I last saw her alive on June 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cold from lying in draft. Duration 3 days

Due to _____
Due to _____
Other conditions Shock from injury from June 11, 1943
(Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. 1804

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

22. If death was due to external causes, fill in the following: in part

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence June 11, 43 0.58

(c) Where did injury occur? Brookfield Linn Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
about home. fell down stairway.

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

23. Signature Mark H. Rhoads (M. D. or other) _____
Address Brookfield Mo Date signed 6-24-43

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..... *H. B. Wright*

Licensed Embalmer No. *3718*

P. O. Address: *Brookfield, 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.