

Regist. District No. 200

Primary Registration District No. 5725

1. PLACE OF DEATH

(a) County Macon  
(b) City or town rural Hudson  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months and days

3. (a) PRINT FULL NAME

James L. 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 Widowed

6. (b) Name of husband or wife May Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 10 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Labor

11. Industry or business \_\_\_\_\_

12. Name D.K.

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

14. Maiden name D.K.

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

16. (a) Informant Bernard Fiedler

(b) Address Macon, Mo.

17. (a) Burial (b) Date thereof 7-27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon Mo Woodlawn

18. (a) Signature of funeral director Stephen Woodling Cen

(b) Address Macon, Mo.

19. (a) 8/3/43 (b) Gora B. Nunckler  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon  
(c) City or town Macon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1943 hour \_\_\_\_\_ minute 00 P M:

21. I hereby certify that I attended the deceased from Jan. 2 1943 to July 25 1943  
that I last saw him alive on July 25 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 2 day  
Cerebral Arteriosclerosis 5 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83 f

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) (e) Means of injury \_\_\_\_\_

23. Signature J J Turner (M. D. or other) 8/3/43  
Address Macon, Mo Date signed 8/3/43

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

RECEIVED

District Health Officer No. 10

District File Number AUG 13 1943

Date Filed \_\_\_\_\_

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 A. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.