

Registration District No. 8

Primary Registration District No. 0212

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

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Van Buren Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Carter Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Joseph Stewart Jones
3. (b) If veteran _____ 3. (c) Social Security
name war _____ No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ida Jones 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased May 13 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 19 If less than one day
_____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business
12. Name James Jones
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Ida Murray
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Ida May Jones
(b) Address Van Buren
17. (a) Burial (b) Date thereof Aug 5 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pilgrimage Cemetery

18. (a) Signature of funeral director Seaton Smith
(b) Address Van Buren
19. (a) Aug 5 1948 me. A. G. Smith
(Date received at local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter
(c) City or town Van Buren Rural
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1943 hour 11:0 minute 30 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Paraplegia
General arterio
sclerosis
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) §32

Major findings: _____
Of operations _____
Of autopsy _____

Duration 10 m.
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 J. N. Colton (M. D. or other) Coroner
Address Van Buren Date signed 8-3-3

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 me

..... Registered Apprentice No.
working under my personal supervision.

Signed Seaton Perwith

Licensed Embalmer No. 2287

P. O. Address Van Buren

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, above space should be left blank.