

FILED SEP 13 1943 55

Registration District No. \_\_\_\_\_

Primary Registration District No. 3127

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
Jane Chinn  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sandra Kay Jones

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 21 1943  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>2</u>	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER {

12. Name Elbert Jones

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

14. Maiden name Vera Joeckel

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

16. (a) Informant Elbert Jones

(b) Address P. 3, Joplin, Missouri

17. (a) Removal  
(Burial, cremation, or removal)

(b) Date thereof 8/23/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Freistatt, Mo.

18. (a) Signature of funeral director Parker - Hunsaker

(b) Address Joplin, Missouri

19. (a) August 24, 1943  
(Date received local registrar)

Mrs. Lillie Loge  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper

(c) City or town P. 3 Box 560, Joplin  
(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 Aug. day 23  
year 1943 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Aug. 22  
1943 to Aug. 22 1943

that I last saw her alive on Aug. 22 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Submucous Membrane Birth Duration 2 da

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 16/2  
(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 James V. Flakerty (M. D. or other)

Address Webb City, Mo. Date signed 8-24-43

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

19  
6  
2

48-8-708

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**