

ILLU NOV 12 1943

State File No.

Registration District No. 120

Primary Registration District No. 545/5744

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Albany Rural Athens Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Albany Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Janie Viola Jones

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / 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 November 3 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 11 0 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John L. Jones
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary A. Croak
15. Birthplace Dubuque Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Jones

(b) Address Albany, Mo. R.F.D.

17. (a) Burial (b) Date thereof Oct. 5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Mt. Zion

18. (a) Signature of funeral director Clifford Burke

(b) Address Albany, Missouri

19. October 11-1943 (b) Harner M. Webster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1943 hour 6 minutes 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 30
1943 to Oct. 2, 1943
that I last saw her alive on Oct. 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 3 days

Due to _____

Due to _____

Other conditions 930
(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 Chas. J. Pray (D. O. or other) _____
Address Albany, Mo. Date signed 10-5-43

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

APR 28 1947

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 E. Lloyd Brooks

..... Licensed Embalmer No. 3329

P. O. Address Albany, 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.