

FILED OCT 19 1943
Registration District No. 817

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town JENNIVAS

(c) Name of hospital or institution: Elms Convalescent Home 2520 Mc Laren
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2804 Arlington (If rural, give location)

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

3. (a) PRINT FULL NAME Rival Dooley Jones

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clara Papan

6. (c) Age of husband or wife if alive 79 years

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

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Contractor

11. Industry or business _____

MOTHER FATHER { 12. Name Rival D Jones Sr.

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

14. Maiden name Mary McCormick

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

16. (a) Informant Mrs. Anna Brown

(b) Address 2520 Mc Laren

17. (a) Burial (b) Date thereof Oct. 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 475 N Washington St.

19. (a) OCT 11 1943 (b) C. J. McCarran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day October
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 1943 to Oct 9 1943
that I last saw him alive on Oct 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis

Duration years

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 5 months of death)
myocarditis, chr

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 C. E. Gilliland (Date signed 10/14/43)
Address 7124 Natural Bridge

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

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

John Ketter

Licensed Embalmer No. *3880*

P. O. Address.....

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.