

FILED DEC 9 1943
Registration District No. _____

Primary Registration District No. 302465071

Registrar's No. 57

1. PLACE OF DEATH: Barton

(a) County Barton

(b) City or town Rural Nashville Twp
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 36 yrs
years, months or days

3. (a) PRINT FULLNAME James Erasmus Jones

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

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lena Jones 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 13th, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>7</u>	<u>1</u>	hr. min.

9. Birthplace Macon Co, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Osro Jones

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

14. Maiden name Lillie Albright
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Lena Jones

(b) Address Liberal, MO.

17. (a) Burial (b) Date thereof 11-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Apostolic Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO

19. (a) 11-16-43 (b) Martha Rives
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton 6

(c) City or town Liberal R.F.D. 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14th
year 1943 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct 13, 1943 to Nov. 14, 1943
that I last saw him alive on Nov. 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Chronic Fatty Infiltration of Heart

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

Duration _____

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) Means of injury 2 DO.

23. Signature Karl K. Gray (M. D. or other) DO.

Address Lamar, MO Date signed 11/15/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,
District No. 1243-1342
Date Filed DEC 7 1943

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 Elbert Mamm
Licensed Embalmer No. 3816
P. O. Address Lamar M

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.