

FILED DEC 13 1943

Registration District No. 83

Primary Registration District No. 5799

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Tina, Missouri, RFD#
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Grover S. Jones
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 70 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 977
(c) City or town Tina Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles South West Tina
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ashbell Willard Jones,

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

4. Sex M 0 race W 5. Color or race _____
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Mary Catherine Hughes, 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20th, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 2 hr. _____ min.

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

10. Usual occupation retired farmer,

11. Industry or business _____

MOTHER FATHER { 12. Name Francis M. Jones
13. Birthplace Kentucky, (City, town, or county) (State or foreign country)
14. Maiden name Julia ??????
15. Birthplace Virginia, (City, town, or county) (State or foreign country)

16. (a) Informant Grover S. (Pat) Jones,

(b) Address Tina, Missouri, RFD#

17. (a) Burial (b) Date thereof 11/26/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockbranch, Tina, Mo.

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Tina, Missouri.

19. (a) 11-26-1943 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day November
year 1943 hour 3:35 minute A.M.

21. I hereby certify that I attended the deceased from July 17, 1943
to Nov 22, 1943

that I last saw him alive on Nov 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hrs.

Due to Prostate Hypertrophy 6 mos
Tuberculosis of right lung 10 year

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 P 1

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 Clifford W. Austin (M. D. or other) P.O.

Address Carrollton, Mo. Date signed 11-26-43

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

17
0
0

RECEIVED
HEALTH OFFICER No. 8,
Date 12-10-43

DEC 20 1943

MAY 19 1955

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: Clifford W. Austin
Licensed Embalmer No. 3235
P.O. Address: Two Missouri

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.