

FILED JAN 10 1943

Registration District No. 93

Primary Registration District No. 5339

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

1. PLACE OF DEATH:

(a) County Wade

(b) City or town Everton R # 1 - Rock Run  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Everton R # 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE  
(Specify whether)

In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wade

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Everton R # 1  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NONE

3. (a) PRINT FULL NAME Lawrence Leon Jones

3. (b) If veteran, name war No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21  
year 1943 hour 11:15 A. M.

21. I hereby certify that I attended the deceased from 12-19-43  
to 12-21-43 1943  
that I last saw him alive on 12-21-43 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of 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 July 8 1900  
(Month) (Day) (Year)

Immediate cause of death Labor pneumonia  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
43 5 13 hr. min.

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

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

9. Birthplace Everton Missouri  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farming

11. Industry or business Farming

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

12. Name James Jones

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

14. Maiden name Bessie Spain

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

16. (a) Informant Mrs. Bessie Jones

(b) Address Everton, R # 1

17. (a) Burial (b) Date thereof 12-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

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

(b) Address Greenfield, Mo.

19. (a) 12-23-43 (b) Phyllis Lact  
(Date received local registrar) (Registrar's signature)

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 DRB Amster (M. D. or other) \_\_\_\_\_

Address Genoa Springs Mo Date signed 12-22-43

RECEIVED

District Health Officer No. 6,

District File Number 144-5

Date Filed 1-5-48

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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 Sam E. Seneaney Jr.

Licensed Embalmer No. 4099

P. O. Address Shenfield 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.