

FILED FEB 8 1944
Registration District No. 24196

Primary Registration District No. 5334A-5347 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Buffalo, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community all her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

(c) City or town Buffalo, Mo
(If outside the city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Gracie A. Jones

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec - day 31
year 1943 hour 9 minute 30 am

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Joseph E. Jones 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: Jan - 30 - 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-28-43 to 12-31-43, 1943
that I last saw her alive on 12-30- 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 11 Days 1
If less than one day hr. _____ min. _____

Immediate cause of death: Pneumonia (bronchial) Duration 2 ds

Due to Influenza 5 ds

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

Other conditions: Arthritis 5 yrs
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Wm. Rice

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

14. Maiden name Wiley J. Chanter

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

Major findings: None

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph E. Jones

(b) Address 513 Buffalo, Mo

17. (a) Burial (b) Date thereof Jan 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director B. B. Jones

(b) Address Buffalo, Mo

19. (a) 2/3/44 (b) Robert K. Davis
(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 E. H. Summer (M. D. or other) MD

Address Buffalo, Mo Date signed 1-11-44

1087

RECEIVED

District Health Officer No. 7,

District File Number 1-44-102

Date 2-7-44

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 Wm. B. Jones

Licensed Embalmer No. 4327

P. O. Address Buffalo, 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.