

Registration District No. 20

Primary Registration District No. 5445

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Gentry County  
 (b) City or town Rural of Boyle Dist.  
 (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 Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry 38  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Johnny Joe Jones

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

4. Sex Male 5. Color or 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 Dec. 19 1943  
 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Gentry Co. Mo. 0  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Donald Glenn Jones

13. Birthplace Blythdale Mo. 0  
 (City, town, or county) (State or foreign country)

14. Maiden name Edith Ann Darby

15. Birthplace Rose Star Mo. 0  
 (City, town, or county) (State or foreign country)

16. (a) Informant Donald Glenn Jones

(b) Address Gentry Co. Mo.

17. (a) Burial (b) Date thereof 1/6/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mariah

18. (a) Signature of funeral director Alfred Banks

(b) Address Albany Mo

19. (a) Jan 13-1944 (b) John N. Motts  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5  
 year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 3  
 1944 to Jan 5 1944  
 that I last saw him alive on Jan 4 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Federal Cause / pneumonia  
osidif.  
 Due to lack of them

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 157

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

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 Charles N. Williamson M. D. or other \_\_\_\_\_  
 Address Gentry Mo Date signed 1-10-44

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

MOTHER FATHER

**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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

Clifford Burch

Licensed Embalmer No.

3729

P. O. Address

Altamont Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**