

FILED MAR 13 1944

Registration District No. 3194

Primary Registration District No. 4510

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Osgood  
(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 years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan

(c) City or town Osgood  
(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 SHARAN RAE JONES

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7  
year 1944 hour 6 minute 05 a.m.

4. Sex female 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 Nov. 27 1942  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-3-1944 to 2-7-1944  
that I last saw her alive on 2-6-1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
1 2 12 hr. min.

Immediate cause of death Broncho-pneumonia 4da.  
Duration \_\_\_\_\_

9. Birthplace Knewville Ga. 1  
(City, town, or county) (State or foreign country)

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

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

Major findings: Of operations 107  
Of autopsy \_\_\_\_\_

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

12. Name Raymond K. Jones

13. Birthplace Monroe Co. Ga. 1  
(City, town, or county) (State or foreign country)

14. Maiden name Violet Meeker

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

16. (a) Informant Mrs. Willie Humphrey  
(b) Address Osgood Mo

17. (a) Burial (b) Date thereof 2-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Grove Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director P. K. Raymond  
(b) Address Salt Mo.

While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_

23. Signature H. C. Weston M.D.  
Address Salt Mo. Date signed 2-7-44

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RECEIVED

District Health Officer No. 10

District File Number 3-44-576

Date Filed MAR 10 1944

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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 P. K. Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

**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.**