

FILED MAY 10 1944

State File No.

Registration District No. 268

Primary Registration District No. 5906

Registrar's No.

1. PLACE OF DEATH

(a) County Franklin, Missouri  
 (b) City or town Wardell  
 (c) Name of hospital or institution: Rural  
 (If outside city or town limits, write "RURAL" and name of town)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Wardell  
 In this community Wardell years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Remick  
 (c) City or town Wardell Mo.  
 (If outside 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

Floyd Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2 Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Mar. 25, 44  
 (Month) (Day) (Year)

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

9. Birthplace Near Wardell, MO. (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER {  
 12. Name Leroy Jones  
 13. Birthplace Ark (City, town, or county) (State or foreign country)  
 14. Maiden name Evelyn Tanner  
 15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant John Tanner

(b) Address Wardell, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof 4 3 44  
 (Month) (Day) (Year)

(c) Place: burial or cremation Wardell Mo

18. (a) Signature of funeral director Friends

(b) Address Wardell Mo

19. (a) 4-4-44 (b) J. A. Preece  
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
 year 44 hour 3 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Mar 25, 1944 to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive on 3/25/44, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown but may have been accidentally smothered

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

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

Other conditions (Includes pregnancy within 3 months of death)

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

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 078

(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) (c) Means of injury 0

23. Signature A. A. Kester (M. D. or other) 4-2-44

Address Wardell, Mo. Date signed 4/3/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4-44-83

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**