

FILED JUL 10 1944

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Community Nursing Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 years
(Specify whether years, months or days)
 In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
(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 CORA MAE JONES

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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 May 10 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Franklin Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Jones
 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Eva Staples
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Millard Jones
 (b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 6/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Prairie View Cemetery, Scotland Co.

18. (a) Signature of funeral director D. E. Riley
 (b) Address Kirksville, Mo.

19. (a) 6/24/44 (b) Mr. J. W. Wayne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
 year 1944 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 2
1944 to June 20, 1944
 that I last saw her alive on June 20, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 2 days

Due to Chronic myocarditis Duration 5 years

Due to _____
 Other conditions postencephalitic parkinsonism Duration 2 1/2 years
(Include pregnancy within 3 months of death)

Major findings: 932
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 fall

23. Signature M. J. Hutenshuh (M.D. or other) DO
 Address Kirksville, Mo. Date signed 6-21-44

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

23 W 5 T 3 A M A 9 3 0

RECEIVED

District Health Officer No. 10

District File Number 7-44-1218

Date Filed JUL 7 1944

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 *D. E. Riley*

Licensed Embalmer No. 4181

P. O. Address *Kestville, N.Y.*

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.