

**FILED AUG 8 1944**

Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 791

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town Saint Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Saint Joseph Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Six Days  
(Specify whether years, months or days)  
 In this community Many years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Buchanan  
 (c) City or town Saint Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1614 South 9th Street  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Charles Everett Jones  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 506-14-597

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 23rd  
 year 1944 hour 2 minute 45 A. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widower  
 6. (b) Name of husband or wife Mrs. Nellie Jones  
 6. (c) Age of husband or wife if alive 14 years  
 7. Birth date of deceased October 14, 1889  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 16 1944 to July 23 1944  
 that I last saw alive on July 23  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
54 7 9 hr. min.

Immediate cause of death hemorrhage lobes R. Duration 1 wk

9. Birthplace Rulo Nebraska  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Railroad track laborer

Other conditions (include pregnancy within 3 months of death) 108

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

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

12. Name John Jones

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

13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Belle Mounds

15. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Jones

(b) Address 1614 South 9th Street

17. (a) Burial (b) Date thereof July 25, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rulo, Nebraska

18. (a) Signature of funeral director E. R. SIDENFADEN FUNERAL

(b) Address 602 South 10th Street HOME

19. (a) 7-24-44 (b) W. J. Goble  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature W. J. Goble (M. D. or other) \_\_\_\_\_

Address 734 Seave Date signed 7/24

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

MOTHER FATHER

AUG 21 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 *Mollie E. Sidenfaden*  
Licensed Embalmer No. *4235*  
P. O. Address *St. Joseph, 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.**