

FILED JUL 24 1944

Registration District No. ....

Primary Registration District No. 5595

Registrar's No. 17

1. PLACE OF DEATH:  
 (a) County Jefferson  
 (b) City or town Imperial Rock Falls  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1811 Longfellow Blvd 9  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Fannie Cameron Jones  
 3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No. \*\*\*\*\*  
 4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widow  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 7th day June  
1944 year 8:15 hour P. minute M.  
 21. I hereby certify that I attended the deceased from May 1939 to June 7, 1944  
 that I last saw her alive on June 1, 1944  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased February 4 1861  
(Month) (Day) (Year)  
 8. AGE: Years Months Days If less than one day  
83 4 3 3 hr. 3 min.

Immediate cause of death, Chronic Myocarditis  
arterial hypertension  
 Due to.....  
 Due to.....

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Other conditions Serility  
(Include pregnancy within 3 months of death)

11. Industry or business.....  
 MOTHER FATHER { 12. Name Archibald Cameron  
 13. Birthplace Scotland 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Frances Suddeth  
 15. Birthplace Virginia 1  
(City, town, or county) (State or foreign country)

Major findings: 93d  
 Of operations.....  
 Of autopsy.....  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Chara Belle Lally  
 (b) Address Imperial Missouri  
 17. (a) Cremation (b) Date thereof June 9 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Missouri Crematory

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

18. (a) Signature of funeral director Peetz Brothers  
 (b) Address 3029 Lafayette Ave  
 19. (a) 6/8/44 (b) C. Clement  
(Date received local registrar) (Registrar's signature)

23. Signature E. M. Atkins (M. D. or other) M.D.  
 Address 3012 Lafayette Date signed 6-8-44

1266 (Licensed Embalmer's Statement on Reverse Side)

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

50000

SEP 12 1944

JUL 10 1953

*Dr. Frank Thompson  
No address*

RECEIVED

District Health Officer No. 9.

District File Number.....

Date Filed 7-21-44

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 *Joe E. McCulloh*  
Licensed Embalmer No. *2460*  
P. O. Address *6175 Delmar Bk*

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.