

FILED AUG 10 1944

State File No. _____

Registration District No. 104

Primary Registration District No. 2022

Registrar's No. 85

1. PLACE OF DEATH:

(a) County JOHNSON
(b) City or town WARRENSBURG
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WARRENSBURG CLINIC 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 DAYS
(Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JOHNSON
(c) City or town KINGSVILLE 51
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXX 0

3. (a) PRINT FULL NAME STELLA MAE JONES

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

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife WILLIAM D. JONES 6. (c) Age of husband or wife if alive DEED years
7. Birth date of deceased NOVEMBER 14 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 14 If less than one day hr. _____ min. _____

9. Birthplace KINGSVILLE MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER

12. Name FRANKLIN M. DISHMAN
13. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name MAT PENNINGTON
15. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant AUBREY JONES
(b) Address HOLDEN MO

17. (a) BURIAL (b) Date thereof 7-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WESLEY CHAPEL

18. (a) Signature of funeral director Canada & Rapp

(b) Address HOLDEN MO

19. (a) Aug 1, 1944 (b) Stella M. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 28
year 1944 hour 11:17 minute A M.
21. I hereby certify that I attended the deceased from July 28-43
19____, to July 28-44 19____;
that I last saw her alive on July 28-44 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Duration ?

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 61

Major findings: 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 ?

23. Signature R. P. D. King (M. D. or other) MO

Address Worrensburg Mo - 8-2-44 Date signed _____

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

51
2
2

1001

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.....

M. J. Canaday

Licensed Embalmer No.....

3434

P. O. Address.....

Holden, 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.