

FILED AUG 11 1944

Registration District No. **277**

Primary Registration District No. **4872**

1. PLACE OF DEATH **Nodaway**

(a) County **Burlington Junction**

(b) City or town **Burlington Junction**
(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 **50 years**
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Benjamin A. Jones**

3. (b) If veteran, **no** name war _____

3. (c) Social Security No. _____

4. Sex **male**

5. Color of race **white**

6. (a) Single, widowed, married **married**
divorced _____

6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **October 7, 1865**
(Month) (Day) (Year)

8. AGE: Years **78** Months **9** Days **15**
If less than one day hr. _____ min. _____

9. Birthplace **Atchison County Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mail carrier**

11. Industry or business **W.H. Jones**

MOTHER FATHER

12. Name **Mo. O**

13. Birthplace **Mary E. Willhoite**
(City, town, or county) (State or foreign country)

14. Maiden name **Ind. J**

15. Birthplace **Mrs. Anna Jones**
(City, town, or county) (State or foreign country)

16. (a) Informant **Burlington Junction Mo.**

(b) Address **Burial 7-24-44**

17. (a) _____ (b) Date thereof **Ohio Cemetery**
(Burial, cremation, or removal) (City or town) (County) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Manville Mo**

19. (a) **July 24 1944** (Date received local registrar) **Wall E. Carpenter** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri

(a) State **Nodaway 74**
(b) County **Burlington Junction**

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) **no**

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 22 1944**
Month **July 22** Day **22** Year **1944**
P. _____ M. _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **July 6 1944** to **July 22 1944**
that I last saw him alive on **July 22 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Several years duration
Due to **unknown**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93d**

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)

Means of injury **2 D.O.**

23. Signature **E. Wallace** (M. D. or other) **D.O.**

Address **Burlington Jct Mo.** Date signed **7-24-44**

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

1958
MS

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 Clin M. Price

Licensed Embalmer No. 1822

P. O. Address Marvill, 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.

1958 MS