

1. PLACE OF DEATH:  
(a) County Reynolds  
(b) City or town Lester ville  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 7 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County REYNOLDS  
(c) City or town \_\_\_\_\_ (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 THOMAS W. RRELL JONES  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 28th day of August  
year 1944 hour 10 minute 40 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Dec. 27 1974 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 28, 1944, to Aug 28, 1944, that I last saw him alive on Aug 28, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 9 1 hr. \_\_\_\_\_ min.

Immediate cause of death Coronary thrombosis  
Due to arteriosclerosis  
Due to Mitral Insufficiency  
Other conditions 94a  
(Include pregnancy within 3 months of death)

9. Birthplace BALTIMORE MARYLAND (City, town, or county) (State or foreign country)  
10. Usual occupation DIRECTOR - BAKERY

Major findings: Of operations None  
Of autopsy None  
PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name JOHN JONES  
13. Birthplace Wilmington DELA (City, town, or county) (State or foreign country)  
14. Maiden name ANNA KELTY  
15. Birthplace BALTIMORE MARYLAND (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) None  
(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? \_\_\_\_\_

16. (a) Informant MRS MARY E JONES  
(b) Address LESTERVILLE MO.  
17. (a) Removal (b) Date thereof 9 2 44 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation WRIGHTSVILLE PA

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0  
23. Signature Walter C. G. Kuchner, M.D. (M. D. or other)  
Address 508 N. Grand Blvd. Date signed 8/29/44

18. (a) Signature of funeral director Norman White  
(b) Address IMONTON MISSOURI  
19. (a) Sept 2 1944 (b) Mrs Doris Wellington (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 5,

District File Number 844-448

Date Filed 9-5-44

OCT 10 1944

SEP 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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Clinton, 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.