

FILED SEP 22 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5072

Registrar's No. 48

1. PLACE OF DEATH: **BARTON**

(a) County **BARTON**

(b) City or town **RURAL-NEWPORT TWP.**
(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 _____
(Specify whether years, months or days) **25 years.**

In this community _____
(Specify whether years, months or days) **25 years.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Barton**

(c) City or town **Rural**
(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 **CHARLEY LEE JONES**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **8**
year **1944** hour **4:30** minute _____ AM.

21. I hereby certify that I attended the deceased from **July 10**
19 **44**, to **August 4** 19 **44**
that I last saw him alive on **August 4** 19 **44**
and that death occurred on the date and hour stated above.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W.D.**

6. (b) Name of husband or wife **Ella M. Evans** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Apr. 27 1866**
(Month) (Day) (Year)

Immediate cause of death **Chronic disease of bladder**

Due to _____

Due to _____

Other conditions (includes pregnancy within 3 months of death) **52**

Major findings:
Of operations _____
Of autopsy _____

Duration **2 months**

8. AGE: Years **78** Months **3** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) **0 Mo.**

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **William Jones**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Maggie Wockery**

(b) Address **Laura, Mo. R. 5, P.O.**

17. (a) **Burial** (b) Date thereof **Aug 9 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Home of Mrs. W. J. Jones**

18. (a) Signature of funeral director **G. B. Berry & Sons**

(b) Address **Skeldon, Mo.**

19. (a) **8/9/44** (b) **Martha River**
(Date received local registrar) (Registrar's signature)

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 **D. Guldner** (M. D. or other) _____
Address **_____** Date signed **Aug 8-44**

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

RECEIVED

District Health Officer No. 0,

District File Number 944-1018

Date Filed SEP 8 1944

SEP 25 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.....

Licensed Embalmer No.....

P. O. Address.....

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.