

FILED NOV 13 1944

Registration District No. 106

Primary Registration District No. 2001

Registrar's No. 506

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2402 Connor Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 60 years  
(years, months or days)

3. (a) PRINT FULL NAME Joseph Edward Jones

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

4. Sex 0 male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed 2  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 24, 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Mt. Vernon 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation retired railroadman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jobath Jones  
13. Birthplace not known 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ireland  
15. Birthplace not known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Harryman, !

(b) Address 2402 Connor, Joplin, Missouri

17. (a) burial (b) Date thereof 10/11/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saginaw Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 10-11-44 (b) Gestner, Joplin, Mo.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5  
(d) Street No. 2402 Connor Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from January 9, 1944, to Oct 9, 1944, and that I last saw him alive on Sep 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Central Neurorrhage 4 hrs.  
Due to Central Neurorrhage 2 yrs.  
Hypertension ?

Other conditions: 830  
(Include pregnancy within 3 months of death)

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? home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature [Signature] (M. D. or other)  
Address [Address] Date signed 10/12/44

1214 (Licensed Embalmer's Statement on Reverse Side)

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

10-9-44

44-11-856

NOV 16 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 *F. M. Jones*.....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.