

No. 2
8-43
5-17-39
I X37823

State File No. _____

FILED DEC 18 1944

3039

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Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline
(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 _____)

In this community 21 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

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

(d) Street No. 126 W. Gracia
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Frances Melvina Jones

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1944 hour 2 minute A.M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife John M Jones

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

Birth date of deceased march - 2 - 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15, 1944, to Nov 26, 1944
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>8</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death malnutrition

Due to _____

Due to _____

9. Birthplace New Boston Mo
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) 2000

Major findings:
Of operations _____

Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Edgar T Davis

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

14. Maiden name Cliza Jane Greenstreet
(City, town, or county) (State or foreign country)

15. Birthplace Ky
(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) _____

(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 Dr. H. V. Jones

(b) Address Marceline Mo

17. (a) Burial (b) Date thereof Nov 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Olivet

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. W. Ellis MO
(M. D. or other)

Address _____ Date signed _____

18. (a) Signature of funeral director James Maughlin

(b) Address Marceline Mo

19. (a) 11-27-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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DEC 22 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 Blanche M. Tangherlin
Licensed Embalmer No. 1909
P. O. Address Marceline M.

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.