

FILED JAN 9 1945
Registration District No. _____

Primary Registration District No. 1600

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2806 South 24th. Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 25 yrs. 23 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 2721 South 23rd. Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DOROTHY JUNE JONES

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (g) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William J. Jones, alive 23 years 6. (c) Age of husband or wife if

7. Birth date of deceased December 6th, 1919 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 25 | 0 | 23 | hr. min. |

9. Birthplace Saint Joseph, Missouri, (City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

12. Name Fred Thompson,

13. Birthplace Platte County, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Maude Green,

15. Birthplace Gallatin, Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Thompson,

(b) Address 2806 So. 24th. Street,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn

18. (a) Signature of funeral director Hester B. Bowyer

(b) Address 319 So. 10th. Street,

19. (a) 12/31/44 (Date received local registrar) (b) Helen D. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th, year 1944 hour 1:00 minute p. M.

21. I hereby certify that I attended the deceased from 9-28-44 to 12-28-44, 1944 that I last saw him alive on 12-28-44, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the cervix Duration _____

Due to _____
Due to _____

Other conditions Pneumonia 2 days (Include pregnancy within 3 months of death)

Major findings: Of operations 480 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) _____ (e) Means of injury _____

23. Signature John D. Brown (M. D. or other) _____
Address 221 Franklin St. Date signed 12-30-44

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

Frank A. Conway

Licensed Embalmer No. *1740*

P. O. Address. *St. Joseph, 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.