

Primary Registration District No. 1002

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

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town R. E. Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days (Specify whether)  
In this community 30 years (years, months or days)

**3. (a) PRINT FULL NAME** Charles J. Jones  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Anna Jones 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased March 16 1863  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
81 9 21 hr. min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Furniture Business

MOTHER FATHER

12. Name John Jones

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

14. Maiden name Emily Sells

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

16. (a) Informant Edith Buckley

(b) Address 3425 Forest

17. (a) Burial (b) Date thereof 1/9/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monument Park

18. (a) Signature of funeral director Samuel Hughes

(b) Address 2315 Linn

19. (a) 1-9-45 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kennett 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3425 Forest 9  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country U

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 1 day 7  
year 1945 hour 4:30 minute A M.  
21. I hereby certify that I attended the deceased from 19 to 19  
that I last saw h. alive Coroner  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia  
Due to Fractured Left Hip  
Due to 186 W. 5  
Other conditions (Include pregnancy within 3 months of death) 186 W. 5  
Major findings: History & Inspection  
Of operations History & Inspection  
Of autopsy not

Duration  
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) accident 123  
(b) Date of occurrence 12-31-44  
(c) Where did injury occur? 3425 Forest St., Kennett, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
about home  
While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature Samuel Hughes (M. D. or other) Coroner  
Address 1424 Fifth St. Date signed 1-7-45

Embalmed by  
H. G. Jones and J. Jones  
Refused to sign  
Statement

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**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.**