S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2017

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 125

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Gashland Mo. Rte I
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: home Gallatin Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24 0

(c) City or town Gashland Mo. Rte I
(If outside city or town limits, write "RURAL")

(d) Street No. Gashland Mo Rte I
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MAUDE JANE JONES

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife Daniel N. Jones 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 2 (Day) 1872 (Year)

8. AGE: Years 72 Months 5 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Blue Mills Mo (City, town, or county) (State or foreign country)

10. Usual occupation H W

11. Industry or business .....

FATHER
12. Name unknown
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant W. C. Jones
(b) Address Gashland Mo Rte I

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 44 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Morton Funeral home
(b) Address North Kansas City Mo

19. (a) Dec 27-1944 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 26 day Dec year 1944 hour 5:15 minute P M.

21. I hereby certify that I attended the deceased from Nov 29 44, 19..., to Dec 20, 1944 that I last saw her alive on Dec 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Senility	
Due to Arteriosclerosis	
Other conditions (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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Russell L Hodge (M. D. or other)

Address North Kansas City Mo Date signed 12/27/44

1021

(Licensed Embalmer's Statement on Reverse Side)

District

District File Number

Date Filed 16-45

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 John S. Morton

Licensed Embalmer No. 4349

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.