

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6897

FILED MAR 2 1945

Registration District No. 28

Primary Registration District No. 4425

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Harrisville
(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)
(d) Length of stay: In hospital or institution Nil
In this community over 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Morrisville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) /
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Emma Frances Jones

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

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

6. (b) Name of husband or wife Joseph A. Jones 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased September, 8th 1878
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Walnut Grove, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business General Housekeeper,

12. Name Jerrimish Sloan

13. Birthplace Walnut Grove, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Lemmon

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

16. (a) Informant Joseph A. Jones,

(b) Address Morrisville, Mo

17. (a) Burial (b) Date thereof 2-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cemetry

18. (a) Signature of funeral director Gene A. Briml.

(b) Address Walnut Grove, Missouri

19. (a) 2-16-45 (b) Hillard Dickinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February, day 14
year 1945 hour 8 minute 47 PM.

21. I hereby certify that I attended the deceased from January 25, 1945, to February 14, 1945; that I last saw her alive on February 14, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Accute cardiac dilation as a direct result of severe vomiting.
Due to Chronic myocarditis

Due to Hypertension and arterio-sclerosis.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) (2) Means of injury _____

23. Signature H. J. Farrell (M. D. or other) _____
Address MORRISVILLE, Mo Date signed 2-15-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

Disposal Officer No. 7

Disposal Number 2-45-143

Date Filed 3-8-45

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 Gene A. Brinn

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, Missouri

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.