

S. No. 2
M-8-43
5-17-39
X37823

FILED APR 28 1945
Registration District No. **72**

Primary Registration District No. **1000**

Registrar's No. **437**

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

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
228 W. Nebraska Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community **life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //

(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL.") //

(d) Street No. **228 W. Nebraska**
(If rural, give location) **7**

(e) Citizen of foreign country? **No** (Yes or No) **6**

If yes, name country _____

3. (a) PRINT FULL NAME **George Jones**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **495-26-2839**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**
year **1945** hour **11** minute **p** M.

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Agnes Jones** 6. (c) Age of husband or wife if alive **2** years

7. Birth date of deceased **Dec. 24, 1882**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **February 6, 1945 to April 17, 1945**
that I last saw him alive on **April 16, 1945**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62 **3** **23** hr. min.

Immediate cause of death **Gastric Carcinoma** Duration **several months**

9. Birthplace **Buchanan County Missouri**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **Laborer**

Due to _____

11. Industry or business **none**

Other conditions **none**
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name **William Jones**

13. Birthplace **North Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie Murphy**

15. Birthplace **Buchanan Co. Missouri**
(City, town, or county) (State or foreign country)

Major findings: **H6K**
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Buelah Cossie**

(b) Address **228 W. Nebraska**

22. If death was due to external causes, fill in the following:

17. (a) **B.** (b) Date thereof **4-21-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) **No**

(b) Date of occurrence _____

(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **Beatrice Gray**

(b) Address **812 Pacific St. St. Joseph, Mo.**

(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? _____

19. (a) **4-21-45** (b) **John J. Peckle**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **John J. Peckle** (M. D. _____)
Address **109 1/2 West Missouri Ave** Date signed **4-20-45**

1577

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~~ 4/17/45
....., Registered Apprentice No.
working under my personal supervision.

Signed Emma Clark.....

Licensed Embalmer No. 4238.....

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.