

FILED JUN 13 1945

State File No. ....

Registration District No. 72

Primary Registration District No. 5301

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Rural School Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3 miles S.E. of Cameron  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No  
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles S.E. of Cameron  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME MARTHA S JONES

3. (b) If veteran, name war K

3. (c) Social Security No. K

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1945 hour 9:30 minute P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas G Jones

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan 4 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 4 1945 to June 18 1945  
that I last saw him alive on June 16 1945  
and that death occurred on the date and hour stated above.

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

<u>55</u>	<u>5</u>	<u>15</u>	hr. min.
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Immediate cause of death Chronic Myocardial Infarction

Due to .....

9. Birthplace Clinton Co Mo  
(City, town, or county) (State or foreign country)

Due to .....

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Housewife

11. Industry or business .....

12. Name Norman James Steyers

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

14. Maiden name Alice Moore

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

Major findings: Of operations .....

Of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Chas G Jones

(b) Address Cameron Mo

17. (a) Cremation (b) Date thereof 6-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkland Cem

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) (c) Means of injury .....

18. (e) Signature of funeral director Edland Funeral Home

(b) Address Cameron

19. (a) 6-20-1945 Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

23. Signature Chas Jones M.D. (M. D. or other) .....

Address Cameron Mo Date signed Jan 20 1945

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

5  
0  
6

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. 3960

P.O. Address.....  
Maple, Mo

RECEIVED  
District Health Officer No. 11,  
District File Number  
Date Filed

**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.**