

FILED AUG 14 1945

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 91

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Ida Pauline 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 Married
6. (b) Name of husband or wife Thomas E. Jones 6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased May 3 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 29 If less than one day
hr. - min. -

9. Birthplace Livingston Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

MOTHER FATHER

11. Industry or business _____
12. Name Samuel Patrick
13. Birthplace Livingston Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellis
15. Birthplace Gentry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Nolan Chapman
(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 7/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christian Cemetery

18. (a) Signature of funeral director Donald F. Gordan
(b) Address Chillicothe, Missouri

19. (a) July 4 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59
(c) City or town Chillicothe 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ 21
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1945 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 26
1945 to July 2 1945
that I last saw her alive on July 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach Duration ?

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 466

Major findings: Of operations _____
Of autopsy _____
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 0

23. Signature [Signature] (M. D. _____)
Address Chillicothe, MO Date signed 7/3/45

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 Donald F. Jordan

Licensed Embalmer No. 4191

P.O. Address Chillicothe, 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.