

FILED SEP 7 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 67

Primary Registration District No. 6260

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Chadwick, Mo  
(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 \_\_\_\_\_  
In this community About 10 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Henry Jones

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

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

6. (b) Name of husband or wife Meado Dopley 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug 13 1875  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Joel M. Jones

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

14. Maiden name Mary Elizabeth Adamson

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

16. (a) Informant George Jones

(b) Address Garrison, Mo (Brother)

17. (a) Burial (b) Date thereof 7-13-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chadwick cemetery

18. (a) Signature of funeral director John Harris

(b) Address Chadwick, Mo

19. (a) 9-3-1946 (b) Mrs. M. Johnson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian  
(c) City or town Chadwick, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1945 hour 10 minute 00 P.M.

21. I hereby certify that I attended the deceased from Dec-18-1939 to July-12-1945  
that I last saw him alive on July-7-1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis, Chronic diffuse  
Duration 7 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature John Harris (M. D. or other) 446

Address Spout, Mo Date signed 8-2-46

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

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**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.....

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, above space should be left blank.**