

FILED AUG 22 1945
Registration District No. 272

Primary Registration District No. 4364

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Stella, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Yrs.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Stella, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Waller Jones

3. (b) If veteran, name war World war 1 3. (c) Social Security No. 486-24-5144

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annette Jones 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 13 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 28 If less than one day
hr. _____ min. _____

9. Birthplace Erie Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Owner of Telephone Exchange

11. Industry or business _____

MOTHER FATHER

12. Name John R. Jones
13. Birthplace Mold North Wales
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Richards
15. Birthplace Neath South Wales
(City, town, or county) (State or foreign country)

16. (a) Informant Annette Jones
(b) Address Stella, Mo.

17. (a) Burial (b) Date thereof August 14-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Macedonia Cem. Stella

18. (a) Signature of funeral director Wm. Morris Jones
(b) Address Wheaton, Mo.

19. (a) 8-1-45 (b) Earl Jones
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1945 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug. 11, 1945
to Aug. 11, 1945
that I last saw him alive on 10:00 a.m. Aug. 11, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death Angina Pectoris

Due to _____
Due to 940
Other conditions None
(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)
(a) Meaning of injury _____
23. Signature Cardwell (M. D. or other) _____
Address Stella, Mo. Date signed 8-18-45

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

AUG 12 1948

DEC 13 1945
21 1945

SEP 20 1945

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.

RECEIVED AUG 21 1945
District Health Officer No.
District File Number 845-140
Date Filed AUG 21 1945

Signed Wm. Morris Pope
Licensed Embalmer No. 7443
P. O. Address Wheaton, 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.