

# FILED OCT 4 1945 STANDARD CERTIFICATE OF DEATH

State File No. **30058**Registration District No. 15Primary Registration District No. 3004Registrar's No. 57

## 1. PLACE OF DEATH:

(a) County Barton  
 (b) City or town Lamar  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Bartlett Emergency Rooms  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 years  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME HETTIE IRENE JONES

3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John L. Jones  
 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 7 1887  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>5</u>	<u>2</u>	hr. _____ min.

9. Birthplace Kingmon County, Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER  
 12. Name Philo Linfoot  
 13. Birthplace Reasoner, Nebraska  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Royelia Earp  
 15. Birthplace Des Moines, Iowa  
 (City, town, or county) (State or foreign country)

16. (a) Informant Alton C. Jones(b) Address Sarcoxie, Missouri. RFD #2

17. (a) Burial (b) Date thereof Sept 12 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hackney Cemetery18. (a) Signature of funeral director KONANTZ FUNERAL HOME(b) Address Lamar, Missouri

19. (a) Sept 12-1945 (b) Marie Konantz  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
 (c) City or town Lamar  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 12th & Jackson Streets  
 (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th  
 year 1945 hour 7 minute 30 P.A.M.

21. I hereby certify that I attended the deceased from Sept 9 to Sept 9, 1945  
 that I last saw him alive on Sept 9, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Uremia  
 Due to Chronic Nephritis 6 w.

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

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

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 13/18

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 D. Guldner (M. D. or other) \_\_\_\_\_Address Lamar, Mo Date signed 9-10-45

RECEIVED

District Health Officer No. 6

District File Number 1045-992

Date Filed

OCT 2 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.

Signed.....

*Carl F. Honan*

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.