S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30574

Registration District No. 122 Primary Registration District No. 5455 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Republic Rural

(If outside city or town limits, write "RURAL" and name of township)

(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 ---------- (Specify whether

In this community ... years, months or days) 73 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Republic Rual

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

(d) Street No. North of Republic Mo

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Joshua Lyman Jones

3. (b) If veteran, name war Spanish Amer.

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ----------

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased March (Month) 23 (Day) 1872 (Year)

8. AGE: Years 73 Months 6 Days If less than one day ... hr. ... min.

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

10. Usual occupation Retired Farmer

11. Industry or business Farm.

FATHER
12. Name Isaac N Jones
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha McClure
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Ben G.W.Jones

(b) Address Republic Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/45 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen cemetery

18. (a) Signature of funeral director R.E.Thurman

(b) Address Republic Mo.

19. (a) 9/27/45 (Date received local registrar) (b) Florence Britain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23 year 1945 hour 10:00 minute ... M.

21. I hereby certify that I attended the deceased from 9-17- 1945, to 9-23- 1945 that I last saw him alive on 9-23-45 19..; and that death occurred on the date and hour stated above.

Immediate cause of death ... Duration

Due to Coronary Thrombosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

9 40

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R E Mitchell D.O. (M.D. or other)

Address Republic Mo Date signed 9/24/45

1241

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 45-10-70
Date Filed 10-6-45

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 R. E. Newman

Licensed Embalmer No. 503

P. O. Address Republic 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.