

FILED NOV 26 1945
234

State File No. _____

Registration District No. _____

Primary Registration District No. 5815

Registrar's No. 22

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town RURAL LAW CREEK TWP
(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 LIFE
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. N.W. OF VERSAILLES
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN ROBERT 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 NETTIE F. JONES 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased APRIL 1 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 27 If less than one day hr. _____ min. _____

9. Birthplace FRANKLIN Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name HARRISON JONES

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

14. Maiden name SARAH COLE

15. Birthplace FRANKLIN Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant LEWIS JONES

(b) Address VERSAILLES MO

17. (a) BURIAL (b) Date thereof OCT. 30 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT NEBO CEM.

18. (a) Signature of funeral director J. L. Stinson

(b) Address Stover Mo.

19. (a) OCT 30-45 (b) Henry Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 28 1945
year 1945 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-16- 1945 to Oct 28 1945
that I last saw him/her alive on Oct 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Organic heart disease
Duration 6 months

Due to Cancer Right Kidney 1 year

Due to _____

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

Major findings: Of operations _____

Of autopsy 62"

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 W. G. Ginn (M. D. or other) _____

Address Versailles Mo. Date signed 10/29/45

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

1030

(Licensed Embalmer's Statement on Reverse Side)

RE

1.

2.

3.

10. 7,

10-45-1129

11-20-45

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 J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover, 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.