

**FILED DEC 12 1945**

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **94**

**1. PLACE OF DEATH:**

(a) County **Peru**  
 (b) City or town **Caruthersville**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **East 19th St. 1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **19 years** years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Peru**  
 (c) City or town **Caruthersville Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **E 19th**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME**

**Richard Jones**

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **11** day **12**  
 year **1945** hour **10** minute **30 P.M.**  
 21. I hereby certify that I attended the deceased from **Nov 9**  
 19**45**, to **Nov 11** 19**45**.  
 that I last saw him alive on **Nov 11** 19**45**.  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Myocarditis**

Due to **and arteriosclerosis**

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

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

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

4. Sex **M** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (c) Age of husband or wife if alive **72** years  
 7. Birth date of deceased **June 15 1865**  
 (Month) (Day) (Year)

8. AGE: Years **80** Months **4** Days **27**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Retired**

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

12. Name **Elinor Jones**  
 13. Birthplace **unknown** (City, town, or county) (State or foreign country)  
 14. Maiden name **unknown**  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Lyles**  
 (b) Address **E 19th St. Caruthersville**

17. (a) **Burial** (b) Date thereof **11-13-1945**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Ann's Cemetery**

18. (a) Signature of funeral director **La Forge Mch. Co.**  
 (b) Address **Caruthersville Mo.**

19. (a) **12-5-45** (b) **Dresler B. Neke**  
 (Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

While at work \_\_\_\_\_

23. Signature **M B Lyles** (M. D. or other)  
 Address **Caruthersville Mo.** Date signed \_\_\_\_\_

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

MOTHER FATHER

1485

12-9-45

11-45-220

STATEMENT BY LICENSED EMBALMER

*not*

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..... *Noel C. Deau* .....

Licensed Embalmer No. *3941* .....

P. O. Address..... *Canthrewville, 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.