S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38264

Registration District No. 291 Primary Registration District No. 5994 Registrar's No. 56

1. PLACE OF DEATH:
(a) County: Putnam
(b) City or town: Richland (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 years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Putnam 86
(c) City or town: Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Francis Marion 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: Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: October (Month) 14 (Day) 1859 (Year)
8. AGE: Years 85 Months 10 Days 29 If less than one day hr. min.
9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business
FATHER 12. Name: Henderson Jones
FATHER 13. Birthplace: Ky. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Caroline Hyden
MOTHER 15. Birthplace: Ky. (City, town, or county) (State or foreign country)
16. (a) Informant: Edd Jones
(b) Address: Unionville
17. (a) (Burial, cremation, or removal) (b) Date thereof: 9.15.1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Thompson Cem.
18. (a) Signature of funeral director: Husted & Son
(b) Address: Unionville Mo.
19. (a) 10-30-45 (Date received local registrar) (b) Marvell Durham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th year 1945 hour 11 50 minute a M.
21. I hereby certify that I attended the deceased from SEPT. 3, 1945 to SEPT 13, 1945 that I last saw him alive on SEPT. 13, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pernicious anemia	8
Due to: C.V. cardiac renal disease	8
Due to:	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: N. W. Gillum (M. D. or other) D.O.
Address: Unionville, Mo. Date signed SEPT. 19

1532 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-45-1708
Date Filed NOV 27 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 F O Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.