

FILED DEC 12 1945

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 232

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Osborne

(c) Name of hospital or institution: 50 E. School 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. 50 E. School
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME FRANCES JONES

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1945 hour 3 minute 40 A. M.

21. I hereby certify that I attended the deceased from Nov 17 1945 to Nov 20 1945 -
that I last saw her alive on Nov 20 1945 -
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Jeff Jones

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased: Feb 28 1867
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to hypertension of arterioles of

Due to Age

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

8. AGE: Years 78 Months 8 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Neut Burns

13. Birthplace Crawford Co. Missouri
(City, town or county) (State or foreign country)

14. Maiden name Elizabeth Burns

15. Birthplace Unknown
(City, town or county) (State or foreign country)

16. (a) Informant Mrs Ray Japhin

(b) Address 50 E. School Osborne Mo

17. (a) Burial (b) Date thereof 11-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cennetty

18. (a) Signature of funeral director Genham Fuel Co

(b) Address Osborne Mo

19. (a) 11-27-45 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 830

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) Manner of injury L

23. Signature B. J. Cennetty (M. D. or other) 90
Address Osborne Mo Date signed 11-22-45

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

4
2
1

1397

RECEIVED

Health Officer No. 4
District File Number 1245-1430
Date Filed 12-10-45

FRANCIS JONES

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

G. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Denne June 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.