

FILED JAN 8 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1355

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2nd + Atchison Sts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2nd + Atchison Sts
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Jessie M Jones

3. (b) If veteran, name was

none

3. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 19 1925
(Month) (Day) (Year)

8. AGE: Years 19 Months 11 Days 24 If less than one day hr. min.

9. Birthplace St Joseph Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name John Jones

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

14. Maiden name Ruth Monahan

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

16. (a) Informant John Jones

(b) Address 2nd + Atchison Sts St Joseph Mo

17. (a) Burial (b) Date, thereof 12-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Danny Lumber

(b) Address St Joseph Mo

19. (a) Dec 22 1945 (b) J. J. Westbush
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1945 hour 12 minutes 20 P.M.

21. I hereby certify that I attended the deceased from Dec 3 1945 to Dec 13 1945
that I last saw her alive on Dec 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis New

Due to _____

Due to _____

Other conditions: Emaciation
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 135

Duration

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. Gray (M. D. or other)

Address St. Joseph Mo Date signed 12-18-45

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

1428

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 Mollie E. Siegfalder F1070
Licensed Embalmer No. 4235
P. O. Address St. Joseph, 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.