

Registration District No. 47

Primary Registration District No. 3161

1. PLACE OF DEATH: **CALLAWAY**

(a) County: **CALLAWAY**

(b) City or town: **RURAL Cedar Grove**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **R.F.D. New Bloomfield, MO**
(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: **CALLAWAY**

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

(d) Street No. **R.F.D. NEW BLOOMFIELD**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME: **Joseph Noah Jones**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex: **M.** Color or race: **W**

5. Color or race: **W**

6. (a) Single, widowed, married, divorced: **MARRIED**

6. (b) Name of husband or wife: **SARAH JONES**

6. (c) Age of husband or wife if alive: **78** years

7. Birth date of deceased: **JAN. 5 1856**
(Month) (Day) (Year)

8. AGE: Years **89** Months **11** Days **23**

If less than one day hr. _____ min. _____

9. Birthplace: **ROGERSVILLE TENN**
(City, town, or county) (State or foreign country)

10. Usual occupation: **FARMER.**

11. Industry or business _____

MOTHER FATHER

12. Name: **WILLIAM JONES**

13. Birthplace: **UNKNOWN**
(City, town, or county) (State or foreign country)

14. Maiden name: **MARY HOFFMASTER**

15. Birthplace: **UNKNOWN**
(City, town, or county) (State or foreign country)

16. (a) Informant: **WELBERT JONES**

(b) Address: **NEW BLOOMFIELD, MO**

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

(c) Place: burial or cremation: **LIBERTY CHAPEL**

18. (a) Signature of funeral director: **Ellen Y. Maupin**

(b) Address: **712 County Fulton, Mo.**

19. (a) **1-2-1946** (b) **Josiah M. Marshall**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec 28** day **28**
year **1945** hour **10** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Dec 28**, 19**45**, to **Dec 28**, 19**45**.
that I last saw ~~him~~ **her** alive on **Dec 28**, 19**45**,
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Heart Disease**

Due to _____

Due to _____

Other conditions: **Arterio Sclerosis**
(Include pregnancy within 3 months of death)

Major findings: **g2d.**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature: **W. M. Rusk** (M. D. or other) _____
Address: **New Bloomfield, Mo.** Date signed: **Dec 29 1945**

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

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-5-46

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 Glen Y. Maysie
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.