

FILED JAN 25 1946
Registration District No. 32

Primary Registration District No. 32d1

Registrar's No. _____

1. PLACE OF DEATH

(a) County Grundy
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 416 West 15th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 416 West 15th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John N. Jones

3. (b) If veteran, name war _____ 3. (c) Social Security No. 208-14-1469

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Jones 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased July 4, 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Grand Rapids Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Water Serrin Dept - Pine Bluff

11. Industry or business C.R.W. P. RR.

12. Name William Jones

13. Birthplace Cont. Cavan Ireland
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA JACKSON

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

16. (a) Informant Ethel Jones

(b) Address Trenton, Mo.

17. (a) Burial (b) Date thereof Dec 10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope Grove, Trenton, Mo.

18. (a) Signature of funeral director Raymond A. Blair

(b) Address Trenton, Mo.

19. (a) 12-10-45 (b) J. E. Lair
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1945 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from Oct 19, 45 to Dec 8, 45
that I last saw him alive on Dec 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Atherosclerosis

Due to Hypertension

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature Wm. A. Jones (M. D. or other) MD
Address Trenton, Mo. Date signed 12-10-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

.....
working under my personal supervision.

Maell

....., Registered Apprentice No.....

Signed.....

Raymond A. Davis

.....
Licensed Embalmer No. *3424*

P. O. Address..... *Drenton, 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.