

FILED JAN 25 1946

State File No. _____

Registration District No. 178

Primary Registration District No. 5659

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Leavenworth
 (b) City or town Russell Canton jump
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life (Specify whether
 In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Leavenworth
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? yes (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Francis Jones

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MAMIE JONES 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 12 1879
 (Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Clark County (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER
 12. Name JAMES JONES
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name JOANNA EAST
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Jones
 (b) Address Canton, Mo.

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

(c) Place: burial or cremation Forest Bur.

18. (a) Signature of funeral director [Signature]
 (b) Address Canton, Mo.

19. (a) 11-24-45 (b) P.W. Jennings, M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 4 1945 to July 31 1945 that I last saw him alive on Nov 10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death influenza Duration 1 wk

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 330

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 M.D. Dodson (M. D. or other) Do.
 Address Canton, Mo. Date signed 11/23/45

PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-46-97

Date Filed JAN. 23. 1946

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.....

..... myself, Registered Apprentice No.....
working under my personal supervision.

Signed.....

.....
Licensed Embalmer No. 4328

P. O. Address Canton, 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.

Registration District No. 178

Primary Registration District No. 5659

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Levon
(b) City or town Rural Center township
(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 _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Wm Francis Jones

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 12 1921
(Month) (Day) (Year)

8. AGE: Years 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____

SUPPLEMENTARY

COPYING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

3173