

FILED MAR 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. **4539**

Registration District No. **27**

Primary Registration District No. **3006**

Registrar's No. **2222**

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler Missouri
(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 50 years
(Specify whether years, months or days)

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel R. Jones

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

4. Sex male 5. Color or race C 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 June 12 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th year 1946 hour 11 minute 30A M.

21. I hereby certify that I attended the deceased from Jan 27, 1946 to Feb. 15, 1946 (that I last saw him alive on Feb. 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: _____

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>8</u>	<u>3</u>	hr. _____ min. <u>0</u>

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

10. Usual occupation cook

11. Industry or business _____

MOTHER FATHER

12. Name Orange Jones

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

14. Maiden name Ellen Bellamy

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

16. (a) Informant Chas. Jones

(b) Address Butler Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/46
(Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director Booths

(b) Address Butler Missouri

19. (a) R-17-46 (b) Frank Perry
(Date received local registrar) (Registrar's signature)

Duration _____

Carcinoma Bladder

Due to Prostate gland

Due to Carcinoma

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

Major findings: _____
Of operations: 5/16

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 Chas. V. Lyles (M. D. or other) 2/16/46
Address Butler, Mo. Date signed 2/16/46

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

3564

APR 3 1948

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.....

W. G. Biddlecome

Licensed Embalmer No.....

2174

P. O. Address.....

Sutter ms

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.