

FILED MAR 8 1946

Registration District No. 59

Primary Registration District No. 4095

Registrar's No. 26

1. PLACE OF DEATH
 (a) County Cass
 (b) City or town Drexel Mo.
(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 35 years (Specify whether years, months or days)
 In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cass 19
 (c) City or town Drexel 0
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Isaac Newton Jones
 3. (b) If veteran, name war X 3. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 23rd. year 1946 hour _____ minute _____ M.

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Lucy Ann 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Oct. 13 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>10</u>	hr. _____ min.

Immediate cause of death Cerebral
depression
 Duration _____

9. Birthplace Dade Co. Missouri 11
(City, town, or county) (State or foreign country)
 10. Usual occupation retired

Due to _____
 Due to _____

11. Industry or business _____
 12. Name Van Jones
 13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Ellen Jarouette
 15. Birthplace Missouri 1
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy _____

16. (a) Informant Ruby Clay
 (b) Address Kansas City Missouri
 17. (a) Burial (b) Date thereof 2/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forrest Hills

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

18. (a) Signature of funeral director Culver-Underwood
 (b) Address Butler Missouri
 19. (a) Feb. 24 46 (b) Laura J. Jones.
(Date received local registrar) (Registrar's initials) (Date)

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) (a) Means of injury
 23. Signature E. M. Saffert (M. D. or other) 0
 Address Harmonville Date signed 2/27/46

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

3000

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.....

John S. Underwood

Licensed Embalmer No.....

3585

P. O. Address.....

Butler, 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.