No. 2
1-4-41
-17-39
X26330

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 14 1946

State File No. 12809

Registration District No. 20 Primary Registration District No. 5447 Registrar's No. 39

1. PLACE OF DEATH:

(a) County: ~~Worth~~ Gentry

(b) City or town: Rural - Hamilton Twp
(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: None (Specify whether
In this community: 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME: MARY MARTIN JONES

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: W J Jones

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

7. Birth date of deceased: Feb (Month) 3 (Day) 1875 (Year)

8. AGE: Years 71 Months 2 Days 3 If less than one day hr. min.

9. Birthplace: Gentry Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: J M Martin
13. Birthplace: Gentry Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Rebecca Jewley
15. Birthplace: Gentry Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: W J Jones
(b) Address: Denver Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Miller Cemetery

18. (a) Signature of funeral director: Brant Bros
(b) Address: Denver Mo

19. (a) Apr 13-1946 (Date received local registrar) (b) Homer M. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1946 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1 - 1946 to April 1 1946 that I last saw h. alive on April 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 hours

Due to: Hypertension

Due to:

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

Major findings:
Of operations: None

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: Charles N Williamson (M. D.)
Address: Gentry Mo Date signed: 4-11-46

103 (Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Signed.....J. P. Brown.....

Licensed Embalmer No. 7447

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.