

FILED MAY 16 1946

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 20008

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 da
(Specify whether years, months or days) entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede
(c) City or town Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No. Corner of Hayes + Jackson St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA JACKSON 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 widowed

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

7. Birth date of deceased Oct. 24 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

12. Name James F. Saunders
13. Birthplace unknown
14. Maiden name Elinabeth A. Murphy
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant John Jones

(b) Address Lebanon Mo.

17. (a) Burial (b) Date thereof. 4-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) 4-30-46 (b) Paul Frankenberg
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1946 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from 27 March
27 March 1946 to 20 April 1946.
That I last saw her alive on 20 April 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture complete intertrochanteric left Duration 29 Mar 46

Due to hip
Due to _____

Other conditions Fracture collar left 27 Mar 46
(Include pregnancy within 3 months of death) wrist

Major findings: Senility wrist 1800 18
Of operations _____

Of autopsy _____
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) Fell in home

(b) Date of occurrence 27 + 28 Mar 46 53

(c) Where did injury occur? Lebanon, Laclede Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? pls home

While at work? no (Specify type of place) (e) Means of injury 20 April 46

23. Signature Lebanon, Mo 20 April 46 (M. D. or other) MD
Address Paul A. Jenkins Date signed _____

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

115997

Received 5-13-46
Laclede County Health Unit
File No. 4-46-49
Date Filed 5-13-46

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 *Dorsey M. Howe*
Licensed Embalmer No. *4222*
P. O. Address *Lebanon 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.