

No. 2  
-8-43  
5-17-39  
I X37823

**FILED JUN 5 1946**

Registration District No. 207

Primary Registration District No. 5754

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural Dry Creek  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Near Dixon  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 63

(c) City or town Rural  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Near Dixon 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME Louis Loren Jones

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 498-18-6970

4. Sex Male 5. Color or race White

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 April 25, 1921  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>11</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Clem Jones

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

14. Maiden name Amanda Baker

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

16. (a) Informant Clem Jones

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 4/23/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seaton Cemetery

18. (c) Signature of funeral director Fred H. Gilbert

(b) Address Dixon Mo.

19. (a) 4/26/46 (b) Pauline Stewart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st  
year 1946 hour 8 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 10 46  
\_\_\_\_\_ 19 \_\_\_\_\_ 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 \_\_\_\_\_

Due to Acute nephritis glomerular  
myelogenous leukemia

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

3. Signature MR Adridge (M. D. or other) 0

Address Jefferson City Mo Date signed 4/23/46

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

MOTHER FATHER

148

JUL 2 1946

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 6-1-46

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 \_\_\_\_\_  
\_\_\_\_\_ April 21, 1946 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Fred W. Gilbert

Licensed Embalmer No. 2341

P. O. Address Dixon, 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.