

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED JUL 29 1946

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 841

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sibol (Chloe) Jones

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife James Jones

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 4, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68	7	19	hr. min.
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9. Birthplace Buchanan Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business At Home

12. Name Taylor Lusk

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

14. Maiden name Amanda Dunford
(City, town, or county) (State or foreign country)

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

16. (a) Informant James Jones

(b) Address St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 25 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter B. Sale - Bowman

(b) Address St. Joseph, Mo.

19. (a) July 25, 1946 (Date received local registrar)

(b) A. J. Mitchell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 319 Alabama
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1946 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from 7-22-46
8 PM. 1946 to 7-23-46 - 6 AM.

that I last saw her alive on 7-22-46, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated duodenal ulcer

Due to Peritonitis

Due to _____

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

Major findings: None

Of operations None

Of autopsy None

Duration 2 days

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 0

23. Signature Paul Ferguson MD (M. D. or other)

Address St. Joseph, Mo. Date signed 7-23-46

9061 7 1 9001

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..... *Raymond W. Morehead*.....

Licensed Embalmer No. *4413*.....

P. O. Address *319 So 10th St Joseph, 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.