

FILED AUG 29 1946

Registration District No. 6

Primary Registration District No. 5270

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Lincoln - rural
(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 _____ (Specify whether
In this community most all of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

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

(d) Street No. Route # 1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Cenia Jones

3. (b) If veteran, name war ✓ 3. Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19th
year 1946 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 1946 to Aug 19, 1946
that I last saw her alive on Aug 16, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife James W. Jones 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 9 - 1876
(Month) (Day) (Year)

Immediate cause of death Myocarditis - Duration 5 years

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

70 4 10 hr. min.

Due to _____

Due to _____

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

10. Usual occupation housewife

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Daniel Prenty

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

14. Maiden name Virginia Manly

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

PHYSICIAN

Major findings: 93-19
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. A. Jones

(b) Address Clever, Mo.

17. (a) burial (b) Date thereof Aug 21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Manly Cem

18. (a) Signature of funeral director J. W. Maple

(b) Address Clever, Mo.

19. (a) Aug 21, 1946 (b) Allina Greier
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(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)
(b) Means of injury _____

23. Signature A. P. Little (M. D. or other) 0
Address Aurora, Mo. Date signed 8-20-46

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

RECEIVED

District Health Officer No. 6,

District File Number 846-889

Date Filed AUG 27 1946

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 T. W. Maple

Licensed Embalmer No. 2985

P. O. Address Cleveland, 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.