S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED SEP 30 1946

STANDARD CERTIFICATE OF DEATH

State File No. 31191

Registration District No. 297 Primary Registration District No. 6020 Registrar's No. 94

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural Hardin Crooked River
(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 of his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 89

(a) State Missouri (b) County Ray

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

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Kenneth Franklin Jones

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Male 0 | 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 Dec. (Month) 5 (Day) 1918 (Year)

8. AGE:	Years	Months	Days	If less than one day
	27	9	11	hr. min.

9. Birthplace Ray County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Connie Jones
13. Birthplace Tennessee /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora Heil
15. Birthplace Norborne, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Connie Jones
(b) Address Hardin, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hardin Cemetary

18. (a) Signature of funeral director John W. Kniprchild
(b) Address Hardin, Missouri

19. (a) Sept 17-46 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1946 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from 0 Sept 1, 1946, to Sept 16, 1946
that I last saw him alive on Sept 15, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131B

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? ..... (Specify type of place)
While at work ..... (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address Richmond Mo Date signed 9/17/46

273 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-28-46

OCT 17 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 me, Registered Apprentice No., working under my personal supervision.

Signed John W. Knipschild.

Licensed Embalmer No. 2789

P. O. Address Hardin 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.