S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32529

FILED OCT 7 1946

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 38

1. PLACE OF DEATH:
(a) County Worth
(b) City or town Grant City
(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 years, months or days) In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Worth
(c) City or town Grant City
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy Louisa Jones
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ashby Jones
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 27 (Month) (Day) 1853 (Year)

8. AGE: Years 92 Months 10 Days 15 If less than one day hr. min.

9. Birthplace Montgomery (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Lived with daughter
FATHER
12. Name John Hunt
13. Birthplace Montgomery (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Dawson
15. Birthplace Montgomery (City, town, or county) (State or foreign country)
16. (a) Informant Albert Slade
(b) Address Grant City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Allendale Cem.
18. (a) Signature of funeral director York & Swafford
(b) Address Grant City Mo.
19. (a) 9-9-46 (Date received local registrar) (b) Peter E Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 12
year 1946 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 8-2, 19..., to 8-13, 1946; that I last saw her alive on 8-10, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of eye + face	10 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: No	

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
23. Signature [illegible] (M. D. or other)
Address Grant City Mo. Date signed 8-14-46

345 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Jack C Dunbee

Licensed Embalmer No. 3252

P. O. Address Grant City 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.