

FILED OCT 17 1946
Registration District No. 46

Primary Registration District No. 5153

State File No.

Registrar's No. 55.

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution:
County Farm 5
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell /3

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

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

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

If yes, name country.....

3. (a) PRINT FULL NAME Charles Ellsworth Jonas

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

4. Sex Male 0. 5. Color or race W

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

6. (b) Name of husband or wife not known 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March I 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>17</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business.....

12. Name William Henry Jonas

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

14. Maiden name Alyzannah Ellison

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

16. (a) Informant Mrs. Henry Loach

(b) Address Breckenridge, Mo.

17. (a) Burial (b) Date thereof 9-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County Cemetery

18. (a) Signature of funeral director Cramer Clark

(b) Address Kingston, Missouri.

19. (a) Oct. 2/46 (b) Bladys Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept., day 18
year 1946, hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 10
1946, to Sept 18, 1946;
that I last saw him alive on Sept 17, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration 1 mo

Due to Decubitus (Bed Sores)
Due to inability to move

Due to.....

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

Major findings:
Of operations.....

Of autopsy 130

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?..... (c) Means of injury.....

23. Signature C. H. Wilbin M.D. (M.D. or other)

Address Polo Mo. Date signed 9-18-46

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

31741

**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.....

Licensed Embalmer No.....

P. O. Address.....

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.