

**FILED NOV 8 1946**  
Registration District No. **85**

Primary Registration District No. **5655**

**1. PLACE OF DEATH:**  
 (a) County **Lawrence**  
 (b) City or town **Mt. Vernon**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Missouri State Sanatorium**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 days**  
(Specify whether years, months or days)  
 In this community **2 days**

**3. (a) PRINT FULL NAME** **Dale William Jones**  
**3. (b) If veteran,** name war **No** **3. (c) Social Security** No **None known**

**4. Sex** **male** **5. Color or race** **white**  
**6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Feb. 15 1906**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
40	7	26	hr. min.

**9. Birthplace** **Doniphan Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Laborer**

**11. Industry or business** **Shoe shop**

**MOTHER FATHER** {  
**12. Name** **William Alexander Jones**  
**13. Birthplace** **Unknown** (City, town, or county) (State or foreign country)  
**14. Maiden name** **Minnie May Grant**  
**15. Birthplace** **Arcola Illinois** (City, town, or county) (State or foreign country)

**16. (a) Informant** **E. McMichael, Record Clerk**

**(b) Address** **Mo. State San. Mt. Vernon, Mo.**

**17. (a) BURIAL** (Burial, cremation, or removal) **(b) Date thereof** **Oct. 15 1946**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Prin. Mt. Vernon**

**18. (a) Signature of funeral director** **City of St. Louis**

**(b) Address** **Prin. Mt. Vernon**

**19. (a) 10/15/46** (Date received local registrar) **(b) R. P. Phelbick** (Registrar's signature)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Oct.** day **11th**  
 year **1946** hour **9:10** minute **A** M.

**21. I hereby certify that I attended the deceased from** **Oct. 10**, 19 **46** to **Oct. 11**, 19 **46**  
 that I last saw him alive on **Oct. 11**, 19 **46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** **Abt. 2 yrs**  
(Specify type of place) (e) Means of injury

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Right heart failure**  
(Include pregnancy within 3 months of death)

**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**13 B**

**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 \_\_\_\_\_

**23. Signature** **A. C. Brasler M.D.** (I. D. or other)

**Address** **Mt. Vernon, Mo.** **Date signed** **10-11-46**

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

RECEIVED

District Health Officer No. 6,

District File Number 1046-1088

Date Filed OCT 31 1946

NOV 6

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 C. J. Forberg  
Licensed Embalmer No. 19486  
P. O. Address Cape Codden No

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.