

FILED NOV 19 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 3028

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. McCune Brooks Hospital
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Charles JONES

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nellie Jones (Deceased) 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name W. A. Jones

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

14. Maiden name Alice P. Church

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

16. (a) Informant Mrs. Kitchner

(b) Address 1144 Garrison, Carthage

17. (a) Burial (b) Date thereof 11-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jane, Mo.

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) 11-8-46 (b) L.B. Clinton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd.
year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from October 31
1946 to Nov - 2 1946;
that I last saw him alive on Nov - 2 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death
Peritonitis, generalized, acute, severe, predominant with pneumoperitoneum
Due to ulcer, gastric, perforated, chronic, lesser curvature

Duration

6-7 days

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

Major findings: Of operations _____

Of autopsy as above

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 Charles H. Shell (M. D. or other) MD

Address 347 S. Main, Carthage, Mo. Date signed Nov. 2, 1946

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

46-11-915

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..... *Gene C. Pugh*
Gene, C. Pugh.

Licensed Embalmer No..... 4231

P. O. Address..... Carthage, 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.