

FILED DEC 17 1946

1000

Registrar's No. 1350

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
6101 South 6th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community 8 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 6101 South 6th  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Riley Jones

3. (b) If veteran, name war No

3. (c) Social Security No. Not stated

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mable

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: March 7 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>8</u>	<u>24</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Salesman (4)

11. Industry or business \_\_\_\_\_

12. Name Rev. Randolph P. Jones

13. Birthplace Parkville Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret M. Henry

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

16. (a) Informant Mrs Mable Jones

(b) Address St Joseph, Mo.

17. (a) Removal (b) Date thereof 12-3-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Mo.

19. (a) Dec. 5, 1946 (b) E. B. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1  
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 1  
1942 to Nov. 26, 1946;

that I last saw him alive on Nov. 26, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency *Duration 1 month*

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

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

Other conditions Cerebral hemorrhage & right sided hemiplegia  
(Include pregnancy within 3 months of death)

Major findings: right sided hemiplegia

Of operations \_\_\_\_\_

Of autopsy 92 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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature R. P. Kelley (M. D. or other) \_\_\_\_\_

Address Savannah Mo. Date signed 12-3-46

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

MOTHER FATHER

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**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.....

*Robert H. Yapp*

Licensed Embalmer No. 3308

P. O. Address. St Joseph, 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.**