

FILED JAN 9 1947

Registration District No. 2123

Primary Registration District No. 5779

Registrar's No. 50

1. PLACE OF DEATH:

(a) County MILLER

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

(c) Name of hospital or institution: I
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MILLER

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

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

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JOHN W. JONES

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

20. DATE OF DEATH: Month Dec day 19th
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased JANUARY 23 1874
(Month) (Day) (Year)

Immediate cause of death Myocarditis Duration Year

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

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

Due to _____

Due to _____

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name Adolph JONES

13. Birthplace LANESVILLE Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Bethabra Dobsan

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

16. (a) Informant Soldie Allen
(b) Address Chicago, Ill.

17. (a) BURIAL (b) Date thereof 12-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELDON CEMETERY

18. (a) Signature of funeral director J. D. Phillips
(b) Address ELDON MISSOURI

19. (a) 12-23-46 (b) Alvintha Walt
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 93D

Of autopsy _____

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) Manner of injury 2

23. Signature J. C. Humphrey (M. or other) D.O.
Address Tuscumbia Date signed 12-23-46

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

40204

X37823

Date Filed ~~JAN 8 1947~~

District File Number

District Health Officer No. 9,

RECEIVED

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 *Louis D. Phillips*
Licensed Embalmer No. *3669*
P. O. Address *Bevan*

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.