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STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42565

FILED DEC 17 1946

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

Registrar's No. **10444**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17 days  
In this community 17 days  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County MADISON 999  
(c) City or town GODFREY - RURAL 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. CLIFTON ROAD R.R. #2 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Year of No. N.P.)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NETTIE ALICE JONES

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race White  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband HUB H JONES 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MARCH 14 1884  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LACROSS WIS. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSE WIFE

11. Industry or business: HOME

12. Name WILLARD SMITH

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

14. Maiden name MARY RIDDNER

15. Birthplace LACROSS WIS. 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh E. Jones

(b) Address GODFREY, ILLINOIS

17. (a) BURIAL (b) Date thereof DEC 8, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAKWOOD, ALTON, ILL.

18. (a) Signature of funeral director Paul A. Bent  
(b) Address 2409 State St. Alton, Ill.

19. (a) 1946 (b) J. F. Bradley  
(Date registered) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5  
year 1946 hour 9 minute 15 a.m.

21. I hereby certify that I attended the deceased from Nov. 18 1946 to Dec. 5 1946  
that I last saw her alive on November 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage into left cerebral hemisphere

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy as above

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? U (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature JR Bradley (M. D. or other)  
Address Barnes Hospital Date signed 12-5-46

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

**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 *Leland S. Cunningham*

Licensed Embalmer No. *3542*

P. O. Address *Altus, Ill.*

**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.**