

U.S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36871

**FILED DEC 23 1946**  
338

Registration District No. **338**

Primary Registration District No. **6148**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County Stoddard

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

(c) Name of hospital or institution: Name  
(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)

**3. (a) PRINT FULL NAME** Bert J. Jones

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Andrea Jones

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 22 1882  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>63</u>	<u>11</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Farming

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

12. Name David D. Jones

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

14. Maiden name Laura Scales

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

16. (a) Informant David Dawdy

(b) Address Malden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Malden New Cemetery

18. (a) Signature of funeral director Landers Funeral Home

(b) Address Campbell, Missouri

19. (a) 12/13/46 (Date received local registrar) (b) Rose Webber (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Stoddard <sup>103</sup>

(c) City or town Bloomfield Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 6<sup>th</sup>  
year 1946 hour \_\_\_\_\_ minute 7:30 P. M.

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

Immediate cause of death was from burns received while caught in a burning building, Co. jury verdict.

Duration \_\_\_\_\_

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

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) accident

(b) Date of occurrence Dec 6, 1946 <sup>103</sup>

(c) Where did injury occur? Bloomfield, Stoddard, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home

While at work? No (Specify type of place) (e) Means of injury burns

23. Signature Dr. Evans (M.D. or other) <sup>Co. 3</sup>  
Address Dexter, Mo. Date signed 12-10-46

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

MOTHER FATHER

355

RECEIVED

District Health Office No. 2,

District File Number 1246-1471

Date Filed 12-16-46

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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.....

*Not Embalmed*

Licensed Embalmer No.....

P. O. Address.....

**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.