

FILED FEB 10 1947

State File No. ....

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico

(c) Name of hospital or institution:  
623 S. Jefferson St.  
(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.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. 623 S. Jefferson St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna B. 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 Widowed

6. (b) Name of husband or wife John J. Jones

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

7. Birth date of deceased November 24, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 2 3 hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name George Hagan

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

14. Maiden name Wary Skees

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

16. (a) Informant Mrs. Ben Dobyne

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Jan. 29, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Puckett

(b) Address Mexico, Mo.

19. (a) 1/29-47 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27  
year 1947 hour 1 minute 15A M.

21. I hereby certify that I attended the deceased from Jan 6  
1947 to Jan 23- 1947  
that I last saw h. W alive on Jan 23- 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Parkinsons Disease.

Due to Arteriosclerosis

Due to.....

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

Major findings:  
Of operations.....  
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) Means of injury.....

23. Signature Frank J. Miller (M. D. or other) MD  
Address Mexico, Mo. Date signed 1/27/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

4  
1  
2

MOTHER FATHER

MAR 27 1957

RECEIVED  
District Health Officer No. 1  
District File Number 47-22  
Date Filed FEB - 5 - 1947

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.....

Earl E. Procht, Registered Apprentice No.....

working under my personal supervision.

Signed *Earl E. Procht*.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.