

FILED FEB 10 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 168

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:  
912 So. 15th St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life. (Specify whether  
In this community Life.  
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. 912 So. 15th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cora Bell 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 or wife Frank L. Jones 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October 5 1878  
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business At home

12. Name Jacob Reece

13. Birthplace Buchanan Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Crabtree

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

16. (a) Informant Frank L. Jones

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 2/6/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Bi-Yale + Bowman

(b) Address St. Joseph, Mo.

19. (a) 2-6-47 (b) K. L. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3  
year 1947 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 19  
46 to Feb 3 1947  
that I last saw her alive on Feb 2 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Decompensated  
Due to Arteriosclerosis, general.

Due to Cerebral Hemorrhage, old.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations AD  
Of autopsy AD

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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature Louis B. Hendrick MD (Physician)  
Address 225 Charles St Date signed 2/7/47

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

*Thompson, Edwin*

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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 *Eugene Wood*.....  
Licensed Embalmer No. *3804*  
P. O. Address *319 So 10th 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.**