

FILED FEB 11 1947

Registration District No. 183

Primary Registration District No. 4297

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

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58  
(c) City or town Purdin 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country XXXXXX

3. (a) PRINT FULL NAME Everett Lincoln Jones

3. (b) If veteran, name war XXXX 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife XXXXXX 6. (c) Age of husband or wife if alive XXXX years

7. Birth date of deceased October 10 1860  
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

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

12. Name Marion Jones

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

14. Maiden name Gibson

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

16. (a) Informant Glenn Brown  
(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 1/24/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cemetery

18. (a) Signature of funeral director Thorne Undt. Co  
(b) Address Linneus, Missouri

19. (a) Jan 29 1947 (b) Elna Crank  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21st  
year 1947 hour 12:30 minute P. M.

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

Immediate cause of death \_\_\_\_\_

Coronary Occlusion

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 Dr. W. W. Payne (M.D. or other) 21  
Address Purdin, Missouri Date signed 1/23

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

MOTHER FATHER

16. k

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DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 *Nerv. A. Taylor*

Licensed Embalmer No. 3761

P. O. Address Linneus, Missouri

**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.**