

FILED MAR 3 1947
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Primary Registration District No. 6197

Registrar's No. _____

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town BURDINE
(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 4 mos. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas
(c) City or town Rural Burdine Tex.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1947 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Oct 5, 1946, to Jan 27, 1947;
that I last saw him alive on Jan 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 yrs

Due to _____
Due to _____

Other conditions Hypertension
Arterio-Sclerosis

Major findings:
Of operations _____
Of autopsy 94%

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) _____
(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)
Means of injury _____

23. Signature Garret Ross (Date or other) _____
Address cabool mo Date signed Jan 29/47

3. (a) PRINT FULL NAME ROBERT LEWIS JONES
3. (b) If veteran, name war na 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Theodora 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased June 6 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name ROBERT H. JONES
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Laura Hurst
15. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theodora Jones
(b) Address R#1 Cabool mo

17. (a) Removal (b) Date thereof Feb 2 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alta Loma Texas

18. (a) Signature of funeral director Rayford J. Elliott
(b) Address Cabool mo

19. (a) Feb 3 (b) Haynell Cunningham
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. A.

District File No. 24786

Date Filed 2-28-47

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..... Ray G. Hutchinson.....

Licensed Embalmer No. 4374.....

P. O. Address..... Calver Ma.....

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.