

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:  
913 Broadway Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 15 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Agnes B. Jones

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

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

6. (b) Name of husband or wife O. E. Jones 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 28th 1902  
(Month) (Day) (Year)

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

44 7 8 hr. \_\_\_\_\_ min.

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

10. Usual occupation None

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

MOTHER FATHER

12. Name W.A. Bailey

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

14. Maiden name Maggie Ferrill

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.W. Bader

(b) Address Caruthersville, Missouri

17. (a) Burial (b) Date thereof Apr-8-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Thos. J. Grohn

(b) Address Jefferson City, Missouri

19. (a) 4-7-47 (b) R.P. Harrison  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 913 Broadway  
(If rural, give location) 4

(e) Citizen of foreign country? no (Yes or No) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day April  
year 1947 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Dead when viewed 1947  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

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

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

Major findings: Of operations 837

Duration \_\_\_\_\_

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) \_\_\_\_\_ (e) Means of injury 3

23. Signature J.P. Leslie Coroner  
(M. D. or other)

Address Jefferson City, Mo Date signed 4-7-47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed APR 21 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Ford P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.