

FILED APR 17 1947
Registration District No. **17242**

Primary Registration District No. **5661**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **Evings (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1 Highland twp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **a number of years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis** **56**
(c) City or town **Evings (Rural)** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Highland twp**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Hennietta Elizabeth Jones**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **William Jones** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **Oct 3 1871**
(Month) (Day) (Year)

8. AGE: Years **75** Months **10** Days **16** If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business **Housewife**

MOTHER FATHER { 12. Name **Bretton W. Walters**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Virginia Juley**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bernice Hunsaker**
(b) Address **Bethel, Missouri**

17. (a) **Burial** (b) Date thereof **3-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Slattenville, Mo**

18. (e) Signature of funeral director **Thomas Ball**
(b) Address **Evings, Mo**

19. (a) **4-1-47** (b) **W. Dunnington**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **19**
year **1947** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from **Feb 25**
19**47** to **Mar 19** 19**47**
that I last saw her alive on **Mar 19** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Insufficiency**
Due to **Bronchial Pneumonia** to **March 10, 1947**
Due to _____ to **Mar 19 1947**

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

Major findings: Of operations **107**
Of autopsy _____
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 **L**

23. Signature **E. C. Holmes** (M.D. or other) **DC**
Address **Howell, Mo** Date signed **3-20-47**

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

AUG 31 1954

RECEIVED
District Health Officer No. 10
District File Number # 447-700
Date Filed APR 15 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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.