

Registration District No. 47 Primary Registration District No. 5142

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Rune Nelyville Township
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Nelyville Mo. 1
(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 _____

3. (a) PRINT FULL NAME Rosia Jones
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 31
year 1947 hour 9 minute 0 P. M.
21. I hereby certify that I attended the deceased from May 26, 1947, to May 31, 1947.
that I last saw her alive on May 28, 1947; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Cauc
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Matthew J. Jones
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 9 - 1 - 1878
(Month) (Day) (Year)

Immediate cause of death Cerebrovascular
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
69 3 29 hr. min.

9. Birthplace Jupelo miss. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Eliza Robinson
13. Birthplace Miss. (City, town, or county) (State or foreign country)
14. Maiden name Jamie Fursten
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Matthew J. Jones
(b) Address Star Route Nelyville Mo.
17. (a) Buried (b) Date thereof 6-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nelyville Mo.

18. (a) Signature of funeral director Irish J. Smith
(b) Address Sixteen Mo.
19. (a) 6/3/47 (b) R. W. Minette
(Date received local registrar) (Registrar's signature)

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 F. F. Farr (M. D. or other) _____
Address Nelyville Date signed June 2

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

647-834
6-10-47

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.