

FILED AUG 6 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5909

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Rural, Little Prairie  
(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 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1 Caruthersville, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES DAVID JONES

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

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

6. (b) Name of husband or wife Anna Bell Jones 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 11, 1876  
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 5 If less than one day \_\_\_\_\_ br. \_\_\_\_\_ min.

9. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Nicholas Jones

13. Birthplace Leavensworth, Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant James D. Jones Jr.

(b) Address Route 1 Caruthersville, Mo.

17. (a) Burial (b) Date thereof 7-17-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director H.B. Smith General Home

(b) Address 208 W. Main St. Caruthersville, Mo.

19. (a) 8-4-47 (b) Hessie B. Wilks  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to July 1947  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypoglycemia  
Diabetes

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

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

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(b) Means of injury \_\_\_\_\_

23. Signature J.B. Lutan M. D. or other \_\_\_\_\_

Address Caruthersville, Mo. Date signed \_\_\_\_\_

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

MOTHER FATHER

8-47-224

VS  
AUG 16 1980

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.....

*William D. Dike*

, Registered Apprentice No. *440*

working under my personal supervision.

Signed

*James A. Osburn*

Licensed Embalmer No. *4185*

P. O. Address *Paris, Tenn., TN*

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.