

FILED SEP 10 1947

State File No. \_\_\_\_\_

Registration District No. 291

Primary Registration District No. 4433

Registrar's No. 80

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town UNIONVILLE  
(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 LIFE TIME  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM 86

(c) City or town UNIONVILLE 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ELIZA 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 WIDOWED

6. (b) Name of husband or wife LORENZO JONES 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MARCH 17, 1864  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	4	23	hr. _____ min.

9. Birthplace PUTNAM COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWORK

12. Name WILLIAM JONES

13. Birthplace DON'T KNOW 9  
(City, town, or county) (State or foreign country)

14. Maiden name INDIANA CRIST

15. Birthplace DON'T KNOW 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Alma C. James 1  
(b) Address Tulsa, Okla.

17. (a) BURIAL (b) Date thereof AUGUST 13, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address UNIONVILLE, MO. By John H. Comstock

19. (a) 9-21-47 (b) Marvell Durbin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 10  
year 1947 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug 5, 1947, to Aug 10, 1947; that I last saw him alive on Aug 10 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of hip Duration 19

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

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

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

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

(Specify type of place) \_\_\_\_\_ While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. H. Comstock (M. D. or other) \_\_\_\_\_  
Address: \_\_\_\_\_ Date signed 9/21/47

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

RECEIVED  
District Health Officer No. 10  
District File Number 9-47-1215  
Date Filed SEP-9-1947

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 John N. Comstock  
Licensed Embalmer No. 3891  
P. O. Address Unionville, 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.