

FILED OCT 20 1947

Registration District No. 23

Primary Registration District No. 1-2-5-6 4384

Registrar's No. 226

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Skidmore, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
at own home in Skidmore, Mo. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Months
(Specify whether
In this community 6 Years
years, months or days)

3. (a) PRINT FULL NAME IDA MAY RUSSNOGLE JONES

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Jones 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased December 8, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 24 - hr. - - min.

9. Birthplace Logan County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name John Russnogle
13. Birthplace Ohio (State or foreign country)
14. Maiden name Mary Downey
15. Birthplace Ohio (State or foreign country)

16. (a) Informant Harry E. Jones
(b) Address Maryville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-47
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address 120 E. 1st, Maryville, Mo.

19. (a) 10-10-47 (Date received local registrar) (b) Bess Hatt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Skidmore (If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd
year 1947 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 1, 1947 to Oct 2, 1947
that I last saw her alive on Oct 2, 12 Noon and that death occurred on the date and hour stated above

Immediate cause of death Cardiac failure

Due to Myocardial degeneration

Due to Cardiac dilatation

Other conditions Advanced Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(c) 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 Virgil A. Bittker (M. D. or other) Do
Address Skidmore Mo. Date signed Oct 9, 1947

Duration
Progressive
dilatation
some 5-6 years
dilatation

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

Clum M. Price

Licensed Embalmer No.....

1822

P. O. Address.....

Marionville, 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.