. No. 2
—1/47
5-17-39

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

NOV 18 1947

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38650

FILED NOV 19 1947

Registration District No. 6

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St Johns Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution dead on arrival (Specify whether
In this community 33½ Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 514 West 3rd Street 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME M./Sgt William A. Jones

3. (b) If veteran, name war World War # 1&2

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 Alma

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March (Month) 26 (Day) 1898 (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	6	21	hr. min.

9. Birthplace Broughton (City, town, or county) Kansas (State or foreign country)

10. Usual occupation

11. Industry or business Retired, U.S.Army

FATHER
12. Name Oscar Jones
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Martha Permer
15. Birthplace (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs William A. Jones
(b) Address 514 West 3rd Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Thornhill-Dillon Mort
(b) Address Joplin, Missouri

19. (a) 10-20-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th year 1947 hour 8 minute 30 p M.

21. I hereby certify that I attended the deceased from Did Not Attend, 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary	
Due to Occlusion	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations N/A	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 71

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) Do

Address 214 Joplin Date signed 10/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 15 194

NOV 19 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 Jesse P. Sullins, Registered Apprentice No. 99, working under my personal supervision.

Signed Orling M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin 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.