No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41134

FILED JAN 7 1948

Registration District No. 62

Primary Registration District No. 3239

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural----Linn
(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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar 20

(c) City or town Stockton, Missouri 7
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Ora Lee Jones

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella Jones

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March (Month) 22 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	9	8	..... hr. ..... min.

9. Birthplace Stockton, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

FATHER
12. Name William Jones
13. Birthplace Stockton, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Drusilla Shockley
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ella Jones
(b) Address Stockton, Missouri

17. (a) Younger (Burial, cremation, or removal) (b) Date thereof 1 1 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Younger Cemetery

18. (a) Signature of funeral director Church + Neale
(b) Address Stockton, Missouri

19. (a) 12-31-48 (Date received local registrar) (b) Geneva Garrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 47 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from 9-10- 1946, to 12-30- 1947, that I last saw him alive on 12-30- 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach with metastases to liver + lungs	yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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)
While at work? ..... (e) Means of injury 0

23. Signature Wm. B. Richter (M.D. or other)
Address Stockton, Mo. Date signed 1-2-48

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

RECEIVED
District Health Officer No. 7,
District File Number 12-42-2033
Date Filed 1-2-42

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.