

FILED JAN 29 1948  
Registration District No. 1788

Primary Registration District No. 5423

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

Registrar's No. 4

1. PLACE OF DEATH:

(a) County De Witt  
(b) City or town Rural Senath  
(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 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Witt  
(c) City or town Rural Senath  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry S. Jones

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Jan 14 1914  
(Month) (Day) (Year)

8. AGE: Years 13 Months 11 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

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

12. Name unknown

13. Birthplace unknown  
(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 Boyd Smith

(b) Address Senath, Mo

17. (a) Burial (b) Date thereof 1/13/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Senath, Cemetery

18. (a) Signature of funeral director MDoyal Funeral Homes

(b) Address Senath Mo

19. (a) 1-16-1948 (b) Mr J.T. Lanier  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from about 1 year to Jan 11 1948  
that I last saw him alive on Jan 10 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration 2y.

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

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

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

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

Of autopsy 95P

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) (e) Means of injury \_\_\_\_\_

23. Signature Boyd Smith (M. D. or other) MD

Address Senath Mo Date signed 1-11-48

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

35  
6  
0

RECEIVED

District Health Office No. 2,

District File Number 148-137

Date Filed 1-26-48

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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.....

A. Crawford, Registered Apprentice No. 69  
working under my personal supervision.

Signed A. A. McDaniel

Licensed Embalmer No. 2093

P. O. Address Southview

**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.**