No. 2
-5-43
17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1948

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4021

Primary Registration District No. 1000

Registrar's No. 294

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
2301 Lafayette Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 61 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 2301 Lafayette Street 7
(If rural, give location) 0

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

If yes, name country ———

3. (a) PRINT FULL NAME John Burtis Jones

3. (b) If veteran, name war No

3. (c) Social Security No. 498-24-6490

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of ~~husband or~~ wife Vallie Jones

6. (c) Age of ~~husband or~~ wife if alive 74 years

7. Birth date of deceased July (Month) 26 (Day) 1868 (Year)

8. AGE: Years 79 Months 7 Days 10 If less than one day ——— hr. ——— min.

9. Birthplace Madison County (City, town, or county) Kentucky 1 (State or foreign country)

10. Usual occupation Custodian

11. Industry or business Custodian

FATHER
12. Name Green Jones
13. Birthplace Richmond (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Julia Anne Bentley
15. Birthplace Union (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Mrs. Vallie Jones

(b) Address 2301 Lafayette Street

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3 - 9 - 1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Ashland Cemetery

18. (a) Signature of funeral director Wm. H. Alexander

(b) Address St. Joseph, Mo.

19. (a) 3-11-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3 3 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1948 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 16 April, 1947, to March 6, 1948;
that I last saw him alive on March 6, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Stomach	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46B	
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 0

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

Address St. Joseph, Mo. Date signed 3-6-48

(Licensed Embalmer's Statement on Reverse Side)

MAR 17 1948

MAR 20 1948

MAR 20 1948

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.