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K38671

FILED MAR 3 1948

Registration District No. **65**

Primary Registration District No. **4112**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County **Chariton**  
(b) City or town **Dalton**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Main Street Dalton Mo. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

**THOMAS JONES**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male** 21

5. Color or race **Black**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lucia Jones**

6. (c) Age of husband or wife if alive  years **1873**

7. Birth date of deceased **January**

**1873**

8. AGE:

Years **75** Months **0** Days **0**

If less than one day hr. min.

9. Birthplace **Dalton**

(City, town, or county)

**Mo. 0**  
(State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **Albert Jones**

13. Birthplace **Dalton**

(City, town, or county)

**Mo. 0**  
(State or foreign country)

14. Maiden name **Donna**

15. Birthplace **Donna**

(City, town, or county)

**Mo. 0**  
(State or foreign country)

16. (a) Informant **Robert C. Christopher**

(b) Address **Dalton Mo.**

17. (a) **Burial**

(Burial, cremation, or removal)

(b) Date thereof **Feb 12 - 1948**

(Month) (Day) (Year)

(c) Place: burial or cremation **Key toville, Mo.**

18. (a) Signature of funeral director **Key toville, Mo.**

(b) Address **Key toville, Mo.**

19. (a) **Feb 12 48** (b) **Mildred Boone**

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Chariton 21**  
(c) City or town **Dalton Mo. 0**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0**  
(If rural, give location)  
(e) Citizen of foreign country? **no.** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **9**  
year **1948** hour **1** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **December 6, 1947** to **February 9, 1948**, that I last saw him alive on **February 13, 1948**, and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure**

Due to **auricular fibrillation**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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)  
(e) Means of injury

23. Signature **Carl C. Keger** (M. D. or other) **M.D.**

Address **Key toville, Mo.** Date signed **2/10/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 3,

District File Number \_\_\_\_\_

Date Filed 3-6-48

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 \_\_\_\_\_

*A. D. Gammitt*

Licensed Embalmer No. 3046

P. O. Address Keytesville, 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.