S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 25 1948

Registration District No. 3-5-8

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7608

Primary Registration District No. 6214

Registrar's No. 6

1. PLACE OF DEATH:
(a) County: Vernon
(b) City or town: Elkhorn Springs (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#1 Clear Creek
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 108
(c) City or town: Elkhorn Springs - Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: R#1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Oscar-Haden-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: Isabella Jones
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: August (Month) 8 (Day) 1872 (Year)

8. AGE: Years 75 | Months 6 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farming
11. Industry or business .....

MOTHER
12. Name: Lewis E. Jones
13. Birthplace: do not know (City, town, or county) (State or foreign country)

FATHER
14. Maiden name: Sarah M. Neal
15. Birthplace: do not know (City, town, or county) (State or foreign country)

16. (a) Informant: R. L. Jones
(b) Address: Nevada, Mo. R#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Moore Cemetery
18. (a) Signature of funeral director: Henry Funeral Home
(b) Address: Nevada, Missouri
19. (a) Feb. 19 - 1948 (Date received local registrar) (b) Mrs. Sarah E. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17 year 1948 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from Nov 17 1947 to Feb 12 1948 that I last saw him alive on Feb 7 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary heart disease	2 yrs
Due to: Arteriosclerosis	
Due to:	
Other conditions: Chole cystitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1947
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 .....

23. Signature: F. L. Martin (M. D. or other) M.D.
Address: Nevada Mo. Date signed 2-19-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 1948

RECEIVED
District Health Officer No. 7,
District File No. .....
Date Filed .....

RECEIVED
District Health Officer No. 7,
District File Number 1-48-95
Date Filed 2-24-48

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 [signature]

Licensed Embalmer No. 1760

P. O. Address Nevada 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.