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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8519

Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution: 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Mound City 5
(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 William Sherman Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 4 (Day) 1865 (Year)

8. AGE: Years 82 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Afton (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Jones
13. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Martha Hill
15. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant W. S. Jones
(b) Address Mound City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mound City Mo

18. (a) Signature of funeral director H H Crawford
(b) Address Mound City Mo.

19. (a) 3-20 (Date received local registrar) (b) WS J Cray 422 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 2, 1948 to 3-12, 1948
that I last saw him alive on March 1, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hem morhage — Duration 20 days

Due to Arterio Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83A

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

23. Signature F E Hogan MD (M.D. or other)
Address Mound City Date signed 3/16/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Alvan M. Lisloma, Registered Apprentice No. 48, working under my personal supervision.

Signed W. H. Crawford
Licensed Embalmer No. 1824
P. O. Address Maryville 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.