S. No. 2
M—1/47
7. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 5 1948

Registration District No. 127

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5585

State File No. 13135

Registrar's No. 100

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: C "Rural": Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Carthage Rt. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: 3 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No.: Route #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Della Lucille JONES
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Owen Carl Jones
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: November (Month) 5, (Day) 1918 (Year)

8. AGE: Years	Months	Days	If less than one day
29	5	8	hr. min.

9. Birthplace: Cope, (City, town, or county) Colo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Elvey Ellsworth
13. Birthplace: Lincoln, (City, town, or county) Nebr. (State or foreign country)
14. Maiden name: Ada Haffner
15. Birthplace: Unknown (City, town, or county) Nebr. (State or foreign country)
16. (a) Informant: Mr. Owen Carl Jones
(b) Address: Route #1 Carthage, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hackney Cemetery
18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.
19. (a) 4-24-1948 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd.
year 1948 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from December 17, 1947 to April 23, 1948
that I last saw her alive on April 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Puerperal Eclampsia	
Of Unknown Origin	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

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: J. Darwin Magee M. D. or other D.O.
Address: Joplin, Mo. Date signed: 4-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-3-316

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 Charles H. Hutsler Jr. Registered: Apprentice No. 1124, working under my personal supervision. Charles H. Hutsler Jr.

Signed Gene. C. Pugh. Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.