. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 16 1948

Registration District No. 1088

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3041

State File No. 13304

Registrar's No. 297

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Macon Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 .....

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

3. (a) PRINT FULL NAME: Thomas J. Jones
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eliza Jones
6. (c) Age of husband or wife if alive: 87 years
7. Birth date of deceased: May 6 (Month) 1855 (Day) (Year)
8. AGE: Years 92 Months 10 Days 21 If less than one day ..... hr. ..... min.
9. Birthplace: Wales (City, town, or county) (State or foreign country)
10. Usual occupation: Coal miner
11. Industry or business: Retired
MOTHER FATHER
12. Name: John Jones
13. Birthplace: Wales (City, town, or county) (State or foreign country)
14. Maiden name: Ruth Dr.
15. Birthplace: Wales (City, town, or county) (State or foreign country)
16. (a) Informant: Herbert Jones
(b) Address: Macon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cem Macon
18. (a) Signature of funeral director: Stephens & Godley Mo
(b) Address: Macon, Mo.
19. (a) 4/5/48 (Date received local registrar) (b) Pete McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 27 year: 48 hour: 2 minute: P. M.
21. I hereby certify that I attended the deceased from Jan 27 1948 to Feb 27 1948 that I last saw him alive on Feb 27 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	8 hrs
Due to: Cardiac vascular disease	10 yrs
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
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? ..... Means of injury .....
23. Signature: [illegible] (M.D. or other)
Address: Macon MO Date signed: 3/24/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-48-695
Date Filed APR 14 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 James C. Cleaver, Registered Apprentice No. # 515, working under my personal supervision.

Signed C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, 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.