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FILED JUL 15 1948

Registration District No. **240**

Primary Registration District No. **4358**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County **New Madrid**  
(b) City or town **Hilbourn, 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)  
In this community **2 days**  
years, months or days

3. (a) PRINT FULL NAME **FRANCIS ANNE JONES**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **- 0**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 4 1948**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	-	-	<b>2</b>	hr. _____ min.

9. Birthplace **Hilbourn Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **Eddie JONES**

13. Birthplace **GREENWOOD Miss.**  
(City, town, or county) (State or foreign country)

14. Maiden name **ELEANOR MATHIES**

15. Birthplace **GREENWOOD Miss.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **FLOYD JONES**

(b) Address **Hilbourn, Mo.**

17. (a) **BURIAL** (b) Date thereof **July 7, 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Richard Underbury**

(b) Address **New Madrid, Mo.**

19. (a) **7-13-48** (b) **H. E. Bender**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **Hilbourn**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6<sup>th</sup>**  
year **1948** hour **9:30** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **4 July**  
1948, to **6 July** 1948.  
that I last saw her alive on **5 July** 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature Birth**  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **15-9**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of injury) (e) Means of injury \_\_\_\_\_

23. Signature **Sam Smith** (M. D. or other) **MD**

Address **New Madrid Mo** Date signed **July 7 48**

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

MOTHER FATHER

**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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**