

Registration District No. 282

Primary Registration District No. 5972

Registrar's No. 61

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Flemington
(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 37 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Flemington 0
(If outside city or town limits, write "RURAL") 1
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH IVA JONES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 15
year 1948 hour 10 minute 10 P.M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William R. Jones 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased Aug. 19 1976 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January, 1946, to June, 1948
that I last saw her alive on June 12, 1948,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 9 26 hr. min.

Immediate cause of death Cerebral Hemorrhage
Duration _____

9. Birthplace Louisburg Mo. (1)
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name Solomon Marsh
13. Birthplace Memphis Tenn!
(City, town, or county) (State or foreign country)
14. Maiden name Sarah E. Arnold
15. Birthplace Unknown Tenn!
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Moore S. Jones
(b) Address Flemington MO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof June 20, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(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) _____ (e) Means of injury _____

18. (a) Signature of funeral director E. H. Johnson
(b) Address Hermanville Mo.

23. Signature M. W. Robinson M.D. (M. D. or other)
Address Hermanville Mo. Date signed 6/15/48

19. (a) June 23, 1948 (b) Ralph Gordon
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 7,
District File Number 5-48-790
Date Filed 6-28-48

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

Tom H. Northrup, Registered Apprentice No. not issued
working under my personal supervision.

Signed E. H. Primm

Licensed Embalmer No. 42824

P. O. Address Sumnerville, Va

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.