FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 9 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2056

State File No. 20469

Registrar's No. 180

1. PLACE OF DEATH:
(a) County: RANDOLPH
(b) City or town: MOBERLY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WABASH EMPLOYES' HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days; In this community (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Florida (b) County: Pinelass 999
(c) City or town: Clearwater 8 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: THOMAS JEFFERSON JONES
3. (b) If veteran, name war:
3. (c) Social Security No. 702-05-4765

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Clara
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan (Month) 24th (Day) 1874 (Year)

8. AGE: Years 74 Months 5 Days 1 If less than one day hr. min.

9. Birthplace: MO (City, town, or county) (State or foreign country)
10. Usual occupation: Rtd
11. Industry or business: Wabash
MOTHER FATHER
12. Name: Luke Jones
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
14. Maiden name: Mary Moon
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs T J. Jones
(b) Address: Clearwater. Fla
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Moberly Mo
18. (a) Signature of funeral director: Graham and Son
(b) Address: Moberly Mo
19. (a) June 28-48 (Date received local registrar) (b) Leah Lucille Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25 year 1948 hour 9:02 minute A M.
21. I hereby certify that I attended the deceased from JUNE 8, 1948, to JUNE 24 1948 that I last saw him alive on JUNE 24 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: INTESTINAL OBSTRUCTION	1 WEEK
Due to: CARCINOMA OF THE ILEUM	2 YEARS
Due to:	
Other conditions (Include pregnancy within 3 months of death): METASTASES TO LIVER AND PERITONEUM. CHOLELITHIASIS	

Major findings:
Of operations: Yes
Of autopsy: AS ABOVE.

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: (M. D. or other)
Address: Moberley Mo Date signed June 26 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 10 1948
JUL 22 1948

RECEIVED
District Health Officer No. 10
District File Number 7-48-1202
Date Filed JUL 7 - 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.