

FILED JUL 29 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22672

Registration District No. 76

Primary Registration District No. 5348

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Dallas (Grand Jury)
 (b) City or town Lewisburg Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 1/2 mi S.W. of Lewisburg
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days Life

3. (a) PRINT FULL NAME

Mary Eliza 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 Widowed
 (b) Name of husband or wife Alfred Jones 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased May 31 1876
 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Back Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business Housework

12. Name Daniel L. Hastings

13. Birthplace Ark.
 (City, town, or county) (State or foreign country)

14. Maiden name Eliza Jane Harris

15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herbert Marsh

(b) Address Lewisburg Mo

17. (a) Buried (b) Date thereof 7-16-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewisville Cemetery

18. (a) Signature of funeral director Green + Bless

(b) Address Balvan Mo

19. (a) 7/2/48 (b) Mrs. J. B. Jones
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas
 (c) City or town Lewisburg "Rural"
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 mi S.W. of Lewisburg
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
 year 1948 hour 5 minute 15 PM
 21. I hereby certify that I attended the deceased from June 20 1948 to July 4 1948
 that I last saw her alive on June 20 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage 1/2 hr
 Due to Pneumonia + tuberculosis chronic

Due to 1

Other conditions 130
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 place) _____ (e) Means of injury _____

23. Signature L. B. Higgins (M. D. or other) M.D.

Address Barbado MO Date signed 7-9-48

RECEIVED

District Health Officer No. 7,

District File Number 507

Date Filed 7-16-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Belmar, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.