

FILED JUL 27 1948

STANDARD CERTIFICATE OF DEATH

State File No. 23542

Registration District No. 206

Primary Registration District No. 5749

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Madison
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4 miles northeast of Roselle
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 1 month / (Specify whether
 years, months or days)

3. (a) PRINT

FULL NAME Francis Marian Jones

3. (b) If veteran,

name war no

3. (c) Social Security

No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Elizabeth Jones 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased June 14 1870
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 0 12 hr. _____ min.

9. Birthplace Madison Co. Mo. (City, town, or county) (State or foreign country) 11

10. Usual occupation retired

11. Industry or business

12. Name Joseph Jones 9

13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

14. Maiden name Unknown 9

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

16. (a) Informant Chester Jones

(b) Address Arcadia Mo. Rt. #1

17. (a) burial (b) Date thereof 6-29-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director White Funeral Home

(b) Address 25 White Ironton Mo.

19. (a) 7-12-1948 (b) Florence Ticker
 (Date received local registrar) (Registrar's signature) 18 97

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62
 (c) City or town Rural 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 miles northeast of Roselle
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1948 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 10 1948 to June 26 1948
 that I last saw him alive on June 15 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to arterio-sclerosis

Due to _____

Other conditions nephritis chronic
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy 7/13/48

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 place)
 (e) Means of injury 0

23. Signature [Signature] (M. D. or other) MD
 Address [Address] Date signed 7/14/48

RECEIVED

District Health Officer No. 4
District File Number 248-9A7
Date Filed 7-24-48

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 Arnell G. White

Licensed Embalmer No. 2012

P. O. Address San Antonio, Texas

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.