DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1948

Registration District No. 274

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23809

Primary Registration District No. 3052

Registrar's No. 237

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
400 N. Ohio
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pettis 80 4 0
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 400 N Ohio
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CORA B. JONES

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

7. (b) Name of husband or wife: J. G. Jones

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: 8 (Month) 13 (Day) 1881 (Year)

8. AGE: Years 66 Months 11 Days 24 If less than one day hr. min.

9. Birthplace: Sedalia (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Fred Bush

13. Birthplace: Cooper Co (City, town, or county) Mo (State or foreign country)

14. Maiden name: Hattie Black

15. Birthplace: Moniteau Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: John Jones

(b) Address: Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Sedalia Mo

18. (a) Signature of funeral director: J. D. Ferguson

(b) Address: 117 E Jefferson Sedalia Mo

19. (a) 8-5-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 2nd, 1948.
year hour 12.45 P.M. minute M.

21. I hereby certify that I attended the deceased from Over 5 yrs.
, 19, to August 2nd, 1948.;
that I last saw her alive on August 2nd, 1948., 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Embolism.	Few hours
Due to Chronic Myocarditis.	Over
Arterio-Sclerosis.	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility.	

Major findings: Of operations None.

Of autopsy None.

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) None.
(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: Jno. B. Carlisle, M.D. (M. D. or coroner) M.D.
Address: Sedalia, Missouri. Date signed 8-5-48

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 8-12-48

AUG 25 1955

AUG 25 1955

SEP 23 1950

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.